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ABSTRACT

In 1987, a task force was established to recommend appropriate actions to the North Carolina community college system for the regular review of curriculum instructional programs. The task force was to give particular attention to the proper roles of the colleges and the State Board of Community Colleges, the impact of regional accreditation requirements, federal vocational education evaluation requirements, and the system's best thinking on sustaining ongoing instructional improvements through review. Following the task force's development of a policy on program review, the state board funded a consortium of five colleges in 1987-88 and 1988-89 to develop, implement, and refine a variety of approaches to program review. This manual documents each of these approaches in some detail for use and modification throughout the North Carolina community college system. The seven institutions selected as models were Central Piedmont Community College, College of the Albemarle, Forsyth Technical Community College, Mayland Community College, Roanoke-Chowan Community College, Rowan-Cabarrus Community College, and Western Piedmont Community College. These seven institutions represent a cross-section of the institutions in the North Carolina community college system. Two institutions which were not members of the consortium were included as additional models of program review. Seven appendixes include a statement of the board's policy on curriculum review, a list of contacts for program review, program review task force and consortium membership lists, and an explanation of the reporting process to the Department of Community Colleges. (JMC)

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A GUIDE TO PROGRAM REVIEW

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PROGRAM SERVICES
NORTH CAROLINA DEPARTMENT
OF COMMUNITY COLLEGES
RALEIGH, NORTH CAROLINA

1989

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EQUAL OPPORTUNITY AND AFFIRMATIVE ACTION INSTITUTIONS

It is the policy of the community college system not to discriminate on the basis of race, sex, age, national origin, religion, or handicap with regard to its students, employees, or applicants for admission or employment.

ACKNOWLEDGEMENTS

The material in this manual is the result of the contributions of many institutional administrators from the North Carolina Community College System. In the best collaborative spirit of our system, they shared their knowledge, experience, and advice so that the task of program review might be made more manageable for all. We thank them--task force members, consortium members, and others who were consulted more informally--for their commitment to program review as a vital component in achieving institutional excellence.

CONTENTS

INTRODUCTION AND OVERVIEW.................................... 1

PURPOSE OF PROGRAM REVIEW.................................... 3

DEVELOPING A PROGRAM REVIEW PROCESS.......................... 7

MODELS OF PROGRAM REVIEW..................................... 15

Central Piedmont Community College.......................... 17

College of the Albemarle.................................... 31

Forsyth Technical Community College......................... 81

Mayland Community College................................... 191

Roanoke-Chowan Community College............................ 239

Rowan-Cabarrus Community College............................ 289

Western Piedmont Community College.......................... 313

TIPS.. 333

APPENDICES.. 335

A. Glossary... 337

B. Bibliography... 341

C. State Board of Community Colleges Policy On Curriculum Review 345

D. Reporting Process to Department of Community Colleges 347

E. Contacts For Program Review.............................. 349

F. Program Review Task Force Membership..................... 351

G. Program Review Consortium Membership..................... 353

INTRODUCTION AND OVERVIEW

INTRODUCTION AND OVERVIEW

In the Winter of 1987, the State Board of Community Colleges jointly established a task force on program review with the N. C. Association of Community College Presidents. Its purpose was to recommend appropriate actions to the system for the regular review of curriculum instructional programs. Further, the State Board charged the task force to give particular attention to the proper roles of the colleges and the State Board, the impact of regional accreditation requirements, federal vocational education evaluation requirements, and the system's best thinking on sustaining ongoing instructional improvements through review.

The task force, with broad representation from presidents, deans, other institutional staff and Department of Community Colleges' staff engaged in a vigorous and wide-ranging discussion of both the theory and practice of program review. On February 9, 1989, the task force recommended to the State Board the following broad policy on program review for adoption:

> "Each college shall monitor the quality and viability of each of its curriculum programs. Each program shall be reviewed at least once every five (5) years with regard to the achievement of its stated purpose, quality of instruction, curriculum design, cost, student outcomes, and contribution to the overall mission of the college. Summary reports of these reviews shall be transmitted to the State President."

Following public hearing, the policy was adopted by the State Board on October 12, 1989.

The policy is intentionally broad and does not require any specific approach to program review. It is our belief that colleges in the system should and will adopt a wide variety of approaches to evaluation of their programs. Furthermore, if program review is to have a significant, positive impact on program quality, it is vital that each college design an approach in which they have great confidence and ownership. However, we were also concerned that each college not be forced "to reinvent the wheel."

Therefore, the State Board of Community Colleges funded a consortium of five colleges in 1987-88 and 1988-89 to develop, implement, and refine a variety of approaches to program review. Each of these has been extensively field tested and reworked a number of times at one of the consortium colleges. This manual is intended to document each of these approaches in some detail for use and modification throughout the system. None of these models is mandated and colleges are encouraged to mix and match elements of each approach with their own best thinking on program review. We hope that the manual will prove useful to colleges throughout the system as they respond to the State Board's general policy, the institutional effectiveness criteria of SACS, and their own desire to improve instruction through systematic evaluation and review.

PURPOSE OF PROGRAM REVIEW

PURPOSE OF PROGRAM REVIEW

Formal program review can be undertaken for a number of purposes ranging from a desire to update program content or improve curriculum design to resource allocation and decisions to expand, continue or terminate a program. Each of these purposes may be appropriate in a given institutional context. However, the Task Force on Program Review thought it important to specify the purposes for which the State Board should adopt a policy requiring colleges to conduct formal reviews of their curriculum instructional programs. They incorporated these purposes into a set of principles which ultimately shaped state policy and should help inform local approaches to meeting the policy.

Program review should

1. have as its primary purpose the improvement of teaching and learning in the program;
2. be integral to institutional and state planning;
3. involve faculty, staff, the local board, and special publics (e.g., students, advisory committees, etc.);
4. be consistent with SACS and other accreditation requirements;
5. be institutionally driven within a systemwide framework or policy;
6. balance flexibility of approaches with consistency of information;
7. be consistent with Carl Perkins Vocational Education Act evaluation requirements;
8. be based on the purpose statement for the program, evaluating both the achievement and appropriateness of that purpose;
9. provide for credibility and accountability in our programs and in the review itself;
10. provide for a diversity of approaches to measurement--qualitative as well as quantitative;
11. support both local and state decision-making;
12. be facilitated by the state, especially with useful information tools;
13. focus on process and outcomes;

14. be evolutionary;

15. be simple and efficient; and

16. be guided by a policy which is descriptive rather than prescriptive of the process and information used.

The primary purpose of program review, then, to which all other purposes should be subordinate, is the improvement of instruction and learning. For this reason, the policy adopted by the State Board defines the minimum scope of review to include some assessment of the program's "achievement of its stated purpose, quality of instruction, curriculum design, student outcomes, and contribution to the overall mission of the college."

A second important purpose of program review is to inform the planning process. The criteria for accreditation of the Southern Association of Colleges and Schools make this clear by tying institutional effectiveness issues directly to institutional planning. Just as the SACS criteria have shifted emphasis from accreditation as an event in the life of an institution to an ongoing process, so program review should be a continuous process tied to ongoing planning. Although the State Board's policy requires review of each program a minimum of once every five years, many colleges will want to perform some level of review for each program every year in preparation for annual planning. Others will conduct annual summary reviews with in-depth review every three to five years, depending on the program. Whatever pattern and schedule is adopted, the results of each review should be clearly reflected in the college's planning.

Beyond general program improvement and planning, the Task Force identified the following purposes of program review in a college.

1. Assess faculty resources
2. Critique curriculum design
3. Assess facilities, equipment and supplies
4. Determine if program objectives are appropriate, up-to-date and congruent with student and industry needs
5. Provide data to inform resource allocation and other management decisions
6. Assess compliance with accreditation criteria
7. Provide information to support public promotion efforts
8. Assist in resource development
9. Assist in defining student recruitment strategies
10. Suggest new opportunities for program development
11. Identify staff development needs
12. Gain public involvement in programs
13. Coordinate organizational units in the college
14. Establish a climate of responsible action and shared responsibility in the college

The importance of these various purposes to a college should affect the overall design, components, and staff participation in the review.

In addition, the Task Force recognized that the reviews conducted by each college served a variety of purposes at the state level.

1. Provide additional management information on the system
2. Guide state efforts in staff development, technical assistance curriculum design and quality assurance
3. Suggest alternatives in resource allocation
4. Guide program approval decisions
6. Suggest areas of focus for statewide planning
7. Guide state-level resource development
8. Support public relations and marketing efforts
9. Address legislative concerns for accountability
10. Comply with federal vocational education requirements for evaluation

For these reasons, the results of each institution's program review activity will need to be shared at the state level. However, it is not necessary for the methods of program review to be uniform to accomplish these purposes. This is another reason why the State Board's policy is intentionally broad.

DEVELOPING A PROGRAM REVIEW PROCESS

DEVELOPING A PROGRAM REVIEW PROCESS

Introduction

Program review and planning are the two interrelated components in a comprehensive approach to developing institutional effectiveness. "To focus attention on the effectiveness of the educational program, the institution must establish adequate procedures for planning and evaluation. The institution must define its expected results and describe how the achievement of these results will be ascertained."*

In its simplest form, program review, is a process of evaluating the results of educational programs by

- gathering data on a program,
- analyzing the data, and
- reporting the analysis.

All models of program review contain these three steps within a framework created by the institution's needs, structure and resources. Each institution must examine its own framework to design a program review process. Although an institution can use an existing model for program review, such as one of the ones in the following chapter, that model will need to be adjusted to the needs of the individual institution.

The design of the institution's own model should be developed with the goal of producing a comprehensive, flexible process that can be used for review of all programs. Using a single process (with adaptations as required) brings some consistency and efficiency to the review process. This is particularly helpful when you want to construct a picture of the institution: a look at all programs within one specific period of time or a longitudinal look at a single program over an extended period of time.

One way to bring the institutional framework into focus before designing a model for the review process is to engage in a questioning exercise such as the one that follows.

---

*Commission on Colleges, Criteria for Accreditation, 6th ed., (Atlanta, Georgia: Southern Association of Colleges and Schools, 1989), 14.

Defining Institutional Framework for Review Process

1. Purpose of Review

   Why does institution need to do program review?

   - Meet SACS or other accreditation agency requirements
   - Respond to State Board of Community Colleges' policy
   - Improve programs
   - Provide information for planning
   - Provide data for management decisions
     - e.g., cost effectiveness, equipment expenditures, facilities development
   - Identify weak programs for intervention
   - Identify successful programs
   - Construct a history of a program
   - Take a "snapshot" of a program
   - Provide information for accountability or justification

   All of these needs and others have prompted institutions to conduct program reviews. An institution needs to identify how it will use the results of program review (the "why" of the review) before the review process is designed. To be efficient, any review process adopted by an institution should respond to all of that institution's needs.

2. Focus of Review

   What will be reviewed?

   - Curriculum programs only
   - Discipline areas or departments, e.g., math, English, science, etc.
   - Services, such as student services, facilities, etc.

3. Institutional Structure

   How does the review process fit within the organization of the institution?

   - Within mission and goals of institution
   - Within staff structure of institution
     - Who will have primary responsibility for review process?
     - Who else will be involved?
   - Within calendar of institution
     - Cycle of review
     - Frequency of review
     - Number of programs being reviewed simultaneously
     - Schedule for existing data collection needed for review such as enrollment reports, etc.
     - Schedule for accreditation reviews by SACS and other accrediting agencies
     - Cycle of planning process

4. Resources for Review

What resources are needed for the review?

Staff
Finances
Equipment
Access to data

Which resources does the institution already have or have access to?

5. Final report

What components are necessary in the final report?

Description of institution
Description of process
Individuals involved
Program goals and objectives
Analysis of data
Findings
Recommendations

Who will report be distributed to?

What follow-up will take place?

6. Special requirements

Are there any special requirements for the process that have not been considered?

The answer to these questions will help an institution to define its approach to program review and to design a model that uses strategies that are appropriate to the approach.

Designing Model for Program Review Process

1. List the specific steps in the process and their relationship to other steps in process, i.e., design a flow chart of the activities.
2. Identify specifics of each step in the process such as individuals involved in each step, person responsible for completing task, resources needed, other institutional deadlines or activities affecting process such as dates of enrollment reports or accreditation preparations.

3. Identify data that is needed. Think in terms of qualitative and quantitative data. (See the following list of data components.)

Identify the existing sources of data.
Some data is currently available from the end-of-quarter report, individual class record file, staff file, and general ledger.

Design a method of gathering additional needed data.

Determine how data will be analyzed.
Data can be analyzed in a structured, statistical manner and/or it can be analyzed subjectively by faculty, administrators and others.

Design a method and format for reporting analysis.

Program Review Data Components

The following is an extensive listing of the data components that may be appropriate to examine for program review. As the institution looks at its need for program review and defines the institutional framework for its review process, the decision should be made about which data items will be needed.

I. Description of Current Status of Program in a 3 year History Format

A. *Demography of Students*
  1. Age, race, sex
  2. Enrollment data - trends
  3. Student residence
     Categorize by
     a. In county or service area
     b. In state but out-of-service area
     c. Out-of-state
     d. Foreign
  4. Pattern of attendance - evening/day, part-time/full-time
  5. Financial aid characteristics
  6. Special populations
     a. Disadvantaged
     b. Handicapped
     c. JTPA
     d. Huskins Bill
     e. Dual enrollment
     f. Immured

        - g. Others
    - 7. Early leavers
        - a. By range of credit hours completed
        - b. % of curriculum completed
    - 8. Placement into jobs

        Categorize by
        - a. In county or service area
        - b. In state but out-of-service area
        - c. Out-of-state
        - d. Foreign

- B. *Program Progress Data*
    - 1. Number of completions
    - 2. Number passing licensure exams
    - 3. Transfers
        - a. To 4 year programs
        - b. To other community college institutions
        - c. From 4 year programs
            - (1) non-graduates
            - (2) graduates
        - d. From other community colleges
    - 4. Students from high schools
        - a. Dual enrollment
        - b. Special class (Huskins)
        - c. Advanced placement
    - 5. Points of egress (At some predetermined point such as certificate, percentage, or credit hour. Consistent point for all programs.)
    - 6. Placement of student/graduates
        - a. In major occupation
        - b. In related occupation
        - c. Other
    - 7. Quarter-to-quarter attrition

- C. *Staffing*
    - 1. Full-time and Part-time
    - 2. Teaching loads
    - 3. Faculty/student ratios
    - 4. Educational background
    - 5. Salary range

- D. *Program Cost*

    Normative cost by program code or cluster
    - 1. Direct cost
    - 2. Indirect cost

- E. *Financial Aid Available - Student eligibility and financial condition*
    - 1. Handicapped
    - 2. Disadvantaged

F. *Program Capacity - according to institutional guidelines*
    1. Limits
    2. Percent of occupancy of capacity
    3. Admission
        a. Applications
        b. Number accepted
        c. Enrollees

G. *Program Location*
    1. Campus
    2. Other, including special settings such as prisons

H. *Facilities*
    1. Dedicated space
    2. Utilization

I. *Equipment*

J. *Library Resources*

K. *Advisory Input*

L. *Student Follow-up - Evaluation*

M. *Employer Follow-up - Evaluation*
    1. Recommendations
    2. Summary

N. *Accreditation by Outside Agency*

O. *Curriculum Change and Revisions*

P. *Faculty Development Activities*

Q. *Program Purpose or Mission*

R. *Goals and Objectives Accomplished During Past Year*

S. *Trends in Occupational Area*

II. **Description of Short and Long Term Performance Goals for Program**

A. *Labor Market Needs*

B. *Enrollments, Graduations and Placements*

C. *Staffing*
    1. Updating
    2. Upgrading
    3. New hires

D. *Equipment*
   Major items to be acquired with instructional objectives to be accomplished

E. *Facilities*
   1. Improvements
   2. Additions

F. *Library and Instructional Material Resources*

G. *Curriculum Changes and Updating*

H. *Occupational Extension and Community Service*

I. *Advisory Committee*

J. *Other Activities*
   Student, community or special functions

III. Description of Plans to Reach Goals

A. *Time Frame*

B. *Resources Needed*
   1. Budget
   2. Staff

C. *Enrollment Required*

D. *Methods to Reach Goals*

Evaluating the Model of Program Review Process

Once an institution has chosen the data components that it will use for review of its programs, the gathering, analysis and reporting of those components become the heart of the model for the program review process. At this point, before implementation, the institution should examine the completed model for effectiveness and efficiency to assure the data components provide information that supports the outcome goals of the review.

SACS' criteria for an effective planning and evaluation process is one that includes the following.

1. Broad based involvement of faculty and administration

2. The establishment of a clearly defined purpose appropriate to collegiate education

3. The formulation of educational goals consistent with the institution's purpose

4. The development of procedures for evaluating the extent to which these educational goals are being achieved

5. The use of the results of these evaluations to improve institutional effectiveness (Commission, p. 14)

A way of examining efficiency is to determine if the model does all of the following.

1. Provides information to meet the institution's specific needs

2. Keeps review process within mission and goals of institution

3. Clearly identifies a schedule of activities

4. Assigns responsibility for activities to specific faculty and staff

5. Describes the fit between the importance of the review process itself versus the outcomes of the review

6. Identifies critical factors that will identify a program as successful or in need of intervention

7. Explains how outcome of review will be used

MODELS OF PROGRAM REVIEW

MODELS OF PROGRAM REVIEW

The following models of program review are provided as examples of how the process can be developed to meet the needs of individual institutions. These seven institutions represent a cross section of the institutions in the North Carolina Community College System: large, small, rural and urban. As the Program Review Consortium, these institutions collaborated over a period of approximately eighteen months to develop and field test individual models of program review.

Two additional models of program review are provided from institutions that were not members of the consortium.

CENTRAL PIEDMONT CC

Central Piedmont Community College

Overview

Of

Model For Program Review

Background

Central Piedmont's current review model is the result of eighteen months of development. During that time a number of program reviews were conducted in order to gain practical experience in review techniques and issues. The current product represents the blending of that experience into a broad based institutional effectiveness plan.

Purpose and Rationale

Central Piedmont is committed to program review and the broader concept of institutional effectiveness in order to more effectively accomplish its mission. Specifically, program review is part of an institution-wide plan designed to meet the requirements of the Southern Association of Colleges and Schools for a comprehensive and continuous evaluation program. Program review also responds to the recent North Carolina Department of Community Colleges' assessment initiative which calls for program reviews every five years. Finally, program review will enable the college to move toward true institutional effectiveness by setting up a structure designed to cause college wide program improvement.

Structure, Process, Activities

The Central Piedmont Community College model is designed to be effective without becoming burdensome to the participants. The model consists of three interrelated components.

The *program profile* is designed to generate a quarterly update of critical information as to how well each instructional program is performing in relation to the institutional mission and stated performance criteria. The information generated is integrated with other evaluative data and used to monitor program "health" and the quality of student outcomes. The information also serves as an early warning signal to program directors that corrective action needs to be taken. (An example of the Program Profile Form follows this overview.)

The second component of the model is *program review*. On a five year cycle, each program will conduct a self review. The review will be guided by the instructions and examples published in the official review manual. The appropriate instructional dean will be primarily responsible for seeing that the reviews are conducted, but the primary work of review will be performed by each program director and faculty member. Review results will be used for program resource allocation and improvement. Each dean will ensure that review findings are factored back into the institutional planning process, as required by SACS.

Occasionally, the data from the assessment system may indicate that a program is not performing as it should. For example, a program might have a 20% higher dropout rate that other similar programs in the state.

18/19

At that point, the Vice-President for Education or the program dean might call for a *special program review*. At that point, a person outside the target program is appointed to conduct a special review with an emphasis on needs assessment and problem solving. The conclusions of the special review are reported to the dean and the Vice-President for Education for further action.

Assessment Memo (Program Review Memo of Understanding)

The specific nature of program review for each program is subject to a number of variances related to the differences between instructional areas. The Central Piedmont Community College model allows for differences by mandating that an assessment memo be negotiated between instructional deans and their respective program directors. The agreement defines the expectations, resources, and time tables for each review.

The memo ensures that the major expectations of the college (and SACS) are met in the program review. At the same time, the needs of the individual program are taken into account. Some topics to be covered in the memo are as follows.

1. Specific time frames to start and finish the review are agreed upon.
2. Survey instruments and tests suitable to the needs of the individual programs are selected.
3. Personnel and resources needed to complete the review are identified and allocated.

The results of the negotiated agreement are specified in the assessment memo. A copy of the Program Review Memo of Understanding follows.

Data Collected

Each program review will use a variety of data sources to provide the information needed to assess performance in relation to mission. Some examples of data and their sources are:

1. Each program will have current copies of the program profile. The profile contains information on enrollment, costs, and faculty productivity.
2. As part of the overall assessment plan, the Research Office will conduct a variety of studies which will generate program specific data that will be fed into the program review process.
3. Each program review will have the opportunity to ask the Research Office to conduct additional surveys based on the specific needs of the program.

4. Special reviews will yield very specific problem solving data related to program specific needs.

5. Finally, it is expected that the state will develop a data base of program review information that will allow programs to compare local performance against comparable programs.

Reporting and Follow Up

The program profile is distributed to the President's Cabinet and the appropriate instructional dean. The program review is presented to the dean with an executive summary submission to the Cabinet. Special program reviews follow a similar pattern.

It is the responsibility of the dean to respond to these assessment sources when the information calls for action. Typically the dean will respond either by calling for a specific action or by incorporating the information into the planning cycle of the institution. A record of the action taken is filed in the dean's office for evidence of assessment follow through.

Advantages/Disadvantages

The Central Piedmont Community College model integrates program review into a larger system designed to monitor the institution's performance against mission. This total effort complies with SAC's vision of a collegiate wide effort to improve institutional effectiveness.

Additionally, the model places the responsibility for program review directly on the deans. This organizational decision will ensure that program review will receive a high priority from these key institutional players. Also, the use of the assessment memo will ensure that the key people involved with the reviews will know what is expected of them in terms of work, time and resources.

Placing the responsibility for program review with the deans has a potential negative trade off that senior management is aware of. That is, the responsibility for achieving program review is shared among a group of deans rather than being concentrated in a specific person. Therefore, the assessment structure will have to be closely monitored to ensure that the joint responsibility does not lead to a loss of focus.

Tips

1. Specify roles, resources, expectations before starting a program review.

2. Publicize on a campus wide basis, the explicit endorsement of Senior Management for the assessment process.

3. Expect the process of program review to take twice the time

and paper work you originally anticipated or asked for.

Contact Persons

For information on the development of the Program Review Manual, please call:

Dr. Norman H. Petty
Central Piedmont Community College
P. O. Box 35009
Charlotte, North Carolina 28235
(704) 342-6424

For information on the role of the Research Office in Program Review, call:

Mr. John Quinley
Director of Planning and Research
Central Piedmont Community College
P. O. Box 35009
Charlotte, North Carolina 28235
(704) 342-6592

Additional Information Following

1. General Studies Program Profile Form
2. Program Review Memo of Understanding
3. Checklist for Review Instrument (Sample)

GENERAL STUDIES PROGRAM PROFILE FORM

PROGRAM PROFILE

GROUP General Studies

DEPARTMENT

PROGRAMS

INFORMATION SUBMITTED BY ______________DATE____________

HISTORY

PROGRAM ACCREDITATION

ENROLLMENT DATA
C0204030 "FTE by instructor type and location"

Base Year 87/88	on campus			off campus			total
	PT	FT	OT	PT	FT	OT	
FTE-S							
Students							
Classes							

Percent of classes taught by part-time faculty = %

Last Year __/__
FTE-S
Students
Classes
Percent of classes taught by part-time faculty = %

This Year __/__
FTE-S
Students
Classes
Percent of classes taught by part-time faculty = %

GENERAL STUDIES PROGRAM PROFILE FORM

ANALYSIS OF PROGRAM ENROLLMENT, FALL QUARTER

	Base Year 1987/88	Last Year 19__/__	This Year 1988/89
(name of program)			
Headcount			
% Black			
% White			
% Other			
% Female			
% over 30			
(name of program)			
Headcount			
% Black			
% White			
% Other			
% Female			
% over 30			

CO204010 Fall '88 "FTE Productivity Profile"

	Base Year 1987/88	Last Year 19__/__	This Year 19__/__
FTE-S			
FTE-I			
FTE-S/I			

OPERATING EXPENSE

	Base Year 1987/88	Last Year 19__/__	This Year 19__/__
FT sal & ben			
PT sal & ben			
Supplies			
Travel			
Equipment			
Other (specify)			
Total			
$Total/FTE-S			

DEDICATED SPACE (Used by department 100% of time.)

	Base Year 1987/88	Last Year 19__/__	This Year 19__/__
Classroom (sq ft)			
(sq ft/FTE-S)			
Laboratory (sq ft)			
(sq ft/FTE-S)			

NUMBER OF GRADUATES

Program	Base Year 1987/88	Last Year 19__/__	This Year 19__/__

PLACEMENT INFORMATION

GENERAL STUDIES PROGRAM PROFILE FORM

FULL-TIME FACULTY: (Names, credentials, years experience in field, years teaching, years at CPCC, departmental responsibilities.)

OTHER FULL-TIME DEPARTMENT STAFF: (Names, credentials, position, years at CPCC.)

PART-TIME FACULTY (Names, affiliation, years at CPCC) (* denotes adjunct.) Winter quarter, 1988/89.

PROGRAM GOALS, CURRENT PROJECTS, MAJOR THRUSTS

CONCERNS

PROGRAM ADVISORY COMMITTEE (Members, affiliations, term)

Program Review Memo of Understanding

This memo records the agreement between CPCC and the ________________ Program as to the nature of the review to be conducted. This memo ensures that all parties (1) have an understanding of what is expected of them in the review process and (2) understand the time frame within which the review is to be conducted. Also, the agreement spells out the human resources needed to complete the assessment. The agreement is as follows:

1. Program Director agrees to conduct a comprehensive Program Review during the period ________ to ________.

2. The Program Director agrees to use the instruments checked on the accompanying check list to assess program quality. (See Appendix).

3. The responsibilities for developing the survey instruments are as follows:

Activity	Responsibility of
Choose questions	Program Director with consent of Dean
Type questionnaires, tests	________________________
Duplicate questionnaires, tests	________________________
Purchase postage	________________________
Send out, and receive tests, questionnaires	________________________
Compile, summarize, analyze results	________________________

4. The Program Director will fill out a Team Report. The report will be completed by ________________(date).

5. The Program Director or other individuals designated by the Dean will write the Program Review Report. The report will cover three basic chapters:

   Chapter 1: Program Description
   Chapter 2: Data Analysis
   Chapter 3: Conclusion

   Please check one: Program Director to write report ______
   ________________ to write report ______

6. Each Dean will facilitate the completion of the reviews under their jurisdiction. Specific help to be provided by the office is as follows:

____

____

________________________ Date   ________________________ Date
Program Director   Department Head

________________________ Date
Dean

COLLEGE OF THE ALBEMARLE

College Of The Albemarle

Overview

Of

Model For Program Review

School Background

College of the Albemarle (COA) serves residents in seven counties of Northeastern North Carolina with campuses in Elizabeth City and Manteo. Additional facilities are at other locations in the college's service area, the largest geographic area of any North Carolina community college. COA was the first college in North Carolina chartered under the Community College Act of 1957 becoming, in 1963, the first comprehensive community college in the North Carolina Community College System.

Although located within 50 miles of the metropolitan area of Hampton Roads, Virginia, COA's service area is rural and relatively non-industrial. With the exception of the U. S. Coast Guard facility in Elizabeth City and the tourist trade on the Outer Banks, the economic base is primarily agricultural and small business.

COA offers three college transfer education associate degrees (A.A., A.S., A.F.A), a two-year degree in general education, twelve technical programs leading to the A.A.S. degree, ten diploma vocational programs, and three certificate programs. For the fiscal year 1988-89, COA's total FTE was approximately 1,485 with a fall enrollment of 1,603.

Purpose

COA has determined that evaluation of the educational programs offered by the college is essential in assessing effectiveness and in providing for continued improvement. It is, therefore, a college policy to conduct periodically a program review of each vocational, technical, college transfer, and general education program, clustering, when appropriate, to ensure continuing quality of instructional programs. Information collected is both quantitative and qualitative to facilitate instructional planning, program maintenance and improvement, and accountability.

The review process will provide a method to make positive changes. It in no way is intended to eliminate viable programs; however, it will point out and give documentation for areas which need improvement. The results of the review will be made a part of the planning process at all levels. The planning process at COA is currently undergoing revision under the direction of the director of development and planning.

The purpose of program reviews is to meet the following objectives:

1. to improve the quality of the college's academic offerings;
2. to assess program strengths and needs and consider modifications;
3. to determine need, demand, and effectiveness within the college and community;

4. to facilitate planning, decision making, and budgeting at the local level; and

5. to enhance staff competencies in evaluating, planning and utilizing available resources.

Process

In 1987, the dean of instruction appointed a faculty member to devote 75 percent of her time to program review activities. This person was designated coordinator of program evaluation and was provided part-time clerical assistance for 25 hours a week.

The program review model adopted at COA is designed to allow faculty and staff to participate in evaluation activities that directly affect them. It is a cyclical model whereby each program will be a focus of review activities at approximately five-year intervals according to a rotating schedule established by the dean of instruction.

The time frame to complete each review, excluding follow-up, has been approximately six months. During COA's pilot year, two programs participated in the review process. Four reports encompassing a review of seven programs were completed in 1988-89.

COA's model is a simple four-step procedure as illustrated in the following diagram. The minimum membership for a technical and vocational program review team consists of

1. full-time program faculty,
2. department chairman,
3. associate dean of occupational education,
4. representative of lay advisory committee,
5. related studies or general education faculty representative,
6. student development representative, and
7. program evaluation coordinator.

Because of the size and uniqueness of the college transfer education division at COA, a modification was necessary. Its review team was comprised of department chairs, the associate dean of college transfer education, and representatives from student development and the learning resources center, (although all college transfer faculty had opportunity for input).

The following is a summary of the activities relating to each step of COA's program review model:

Step 1: Collect Data

After a review team has been appointed, a meeting is called by the coordinator to define survey groups, to modify survey instruments, to adapt the list of quantitative data collection, and to provide a list of employers. The coordinator mails, receives, and tallies the surveys. Survey results are reported as a total so that individual responses cannot be identified. All surveys are accompanied with a cover letter from the president. The coordinator also assembles other descriptive data in table form. As the data is accumulated, copies are sent, usually on a weekly basis, to all program review team members.

Step 2: Interpret Data

After all data have been compiled, the coordinator writes a narrative to report data results using the following outlines:

I. Program Description

  A. Relevance and Fit
  B. Curriculum
  C. Market/Student Demand

II. Program Effectiveness

  A. Faculty
  B. Instruction
  C. Education and Support Services
  D. Graduate and Employer Satisfaction

III. Value-Added Analysis

  A. Support to Other Programs
  B. Intangible Benefits

Guidelines, in question form, for completing the narrative are included in the model and incorporate many of the "must and "should" statements of SACS criteria. After the draft report has been distributed to team members, a meeting is called to revise the copy for final approval.

Step 3: Identify Strengths, Weaknesses, and Recommendations

If time allows at the same meeting to finalize the written report, team members begin a listing of program strengths and needs; otherwise, an additional meeting is called for this purpose. With each identified need, a recommendation is recorded and directed to appropriate personnel within the college family. The coordinator distributes drafts of the report sections, Identified Program Strengths and Identified Program Needs with Recommendations, to team members for a second review and approval before inclusion with a narrative. The final printed report includes an abstract, spreadsheet for follow-up, introductory sections on organization and method of evaluation, program narrative with strengths and needs with recommendations, and an appendix. Included in the appendix are survey results, checklists, major course descriptions, course review of textbooks and syllabi on file, minutes of advisory committee meetings, a sample student "first day of class" handout, and other relevant information pertinent to the program.

Step 4: Report Follow-up (1 month - 6 months - ?)

The report is printed and bound by Media Services.

Following job completion the coordinator distributes the report to the program review team members, the dean of instruction, the president, the director of development and planning, program advisory committee members, college archives, and the library. Two copies are also sent to the Office of Program Services at the Department of Community Colleges.

The coordinator prepares abstracts for distribution to the President's Council and members of the Board of Trustees.

The director of development and planning then contacts the persons designated to receive a recommendation and requests a written response in 30 days with copies sent to the program lead instructor and dean of instruction.

A six-month assessment using the format of the spreadsheet included in the written report is prepared by the program's lead instructor and forwarded to the dean of instruction and the director of development and planning.

The director of development and planning also coordinates an evaluation of the program review process.

Six months following distribution of a report, each faculty member of the reviewed program is sent a one-page form to determine how well the program review process met its objectives. This information is shared with the program review coordinator to modify and/or improve the process.

Advantages

The major advantage of COA's program review model is that it places the primary responsibility for the improvement of educational programs upon the faculty. Yet, by having one person designated whose major job function is program review activities, daily progress is assured without the concept becoming a burden or resentment by the faculty involved. The intent of the process is to be viewed among the faculty as a support service rather than as an administrative mandate.

Disadvantages

The five-year interval needed to complete the cycle of reviewing all programs may be considered a disadvantage. The program review coordinator is studying the feasibility of short annual quantitative data reports on each program. The formal review would summarize these annual reports to show trends and add the qualitative component derived from surveys and checklists. The time currently spent now on accumulating the numerical data from various sources could be directed to increasing the number of simultaneous reviews the office is able to conduct.

Tips

1. Do not start from scratch. COA's program review coordinator spent three months prior to drafting a model reading current literature and making personal contacts with those already involved with program reviews at the community college level. Printed materials were shared from Caldwell Community College and Technical Institute, Cape Fear Technical Institute, Delgado Community College in Louisiana, Randolph Technical College, Wilson County Technical College, and Tri-County Technical College in South Carolina.

2. Duplicate surveys front and back and, if more than one program is being reviewed at a time, use colored paper to indicate program.

3. Rather than type "Attn: ____ ____" on each return envelope enclosed with survey letters, invest in a rubber stamp.

4. Mail surveys first class and request forwarding addresses.

5. To encourage survey response, enclose a small token of appreciation such as a college emblem for car, calendar of

cultural events, or discount certificate. Select a small, "weightless" item. A pencil, having the college imprint, was enclosed with college transfer surveys. COA later learned that each letter required additional postage of $.10 and some undelivered were returned with the pencil broken.

6. Utilize expertise of program consultants at DCC during the review process.

Contact Person

The program evaluation coordinator at COA is

Phyllis N. Haskett
College of the Albemarle
P. O. Box 2327
Elizabeth City, North Carolina 27909
(919) 335-0821, Extension 215

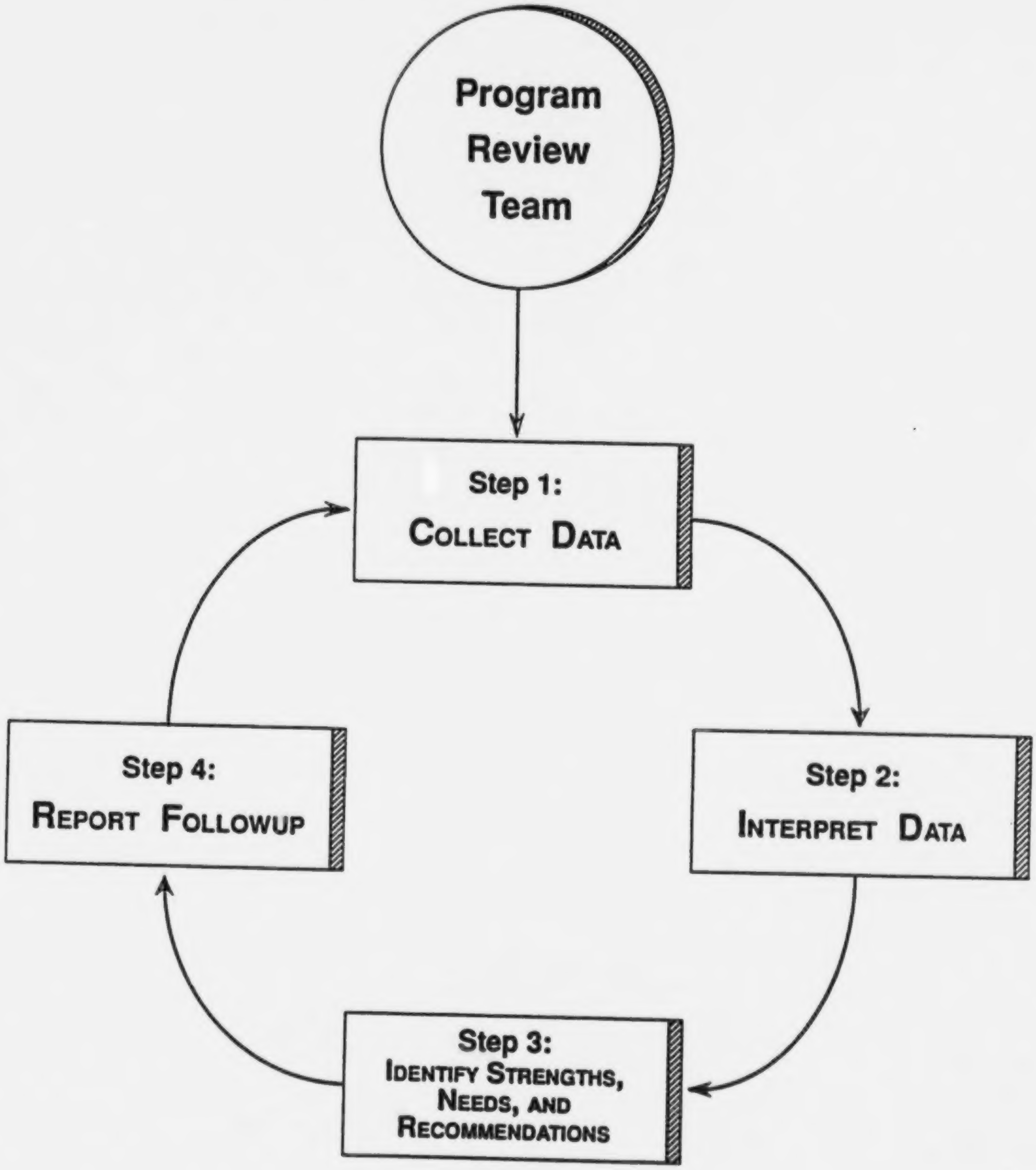
Additional Information Following

1. Model for Continuing Program Improvement
2. List of Data Collections
3. Program Review Narrative Guidelines
4. Examples of Cover Letters and Surveys for Graduates, Nondegree Recipients, Advisory Committee Members and Employers
5. Checklists
6. Form for Evaluation of Process

COLLEGE OF THE ALBEMARLE

– Program Review –

MODEL FOR CONTINUING IMPROVEMENT


Program Review Team
Step 1: COLLECT DATA
Step 2: INTERPRET DATA
Step 3: IDENTIFY STRENGTHS, NEEDS, AND RECOMMENDATIONS
Step 4: REPORT FOLLOWUP

COLLEGE OF THE ALBEMARLE

PROGRAM REVIEW
DATA COLLECTIONS

Descriptive Data from In-House Sources

1. Curriculum - catalog and brochure
2. Placement test scores and final G.P.A. for graduates and early leavers
3. DCC curriculum standards
4. Program enrollment by quarters over five-year period
5. Unduplicated student enrollment over five-year period
6. Percent of graduates to total enrollment over five-year period
7. Number of degrees awarded
8. Graduates - time required to complete program
9. Graduates - gender, race and age
10. Immediate follow-up report after May and August graduations from assistant dean of testing and placement
11. Number of credit hours earned by program early leavers
12. Enrollment - day/night, male/female - Fall Quarter of current year
13. Student employment - Fall Quarter of current year
14. Program major course contact hours - Fall Quarter of current year
15. Faculty qualifications (full- and part-time)
16. Full-time faculty teaching load for past year
17. Part-time instruction needed for past year
18. Results of last administratively conducted student evaluations of faculty and staff
19. Budget expenditures of last five years
20. Expenditures for equipment, repairs and maintenance for last five years
21. Financial Aid participants among graduates (last five years)
22. Student Support Services participants (last five years)
23. Co-operative Education participants (last five years)
24. Registrar's survey summary of non-returning students
25. Current residence of graduates

Surveys and Checklists

1. Survey - graduates of last five years
2. Survey - early leavers of last five years not currently enrolled
3. Survey - Advisory Committee Members of past year
4. Survey - Employers from list derived from faculty and graduate survey respondents
5. Checklist - program review team - current national accrediting agency or association (if appropriate)
6. Checklist - program review team - SACS guidelines

Other Sources

1. Current edition of SACS's Criteria for Accredidation, Commission on Colleges
2. N. C. Department of Community Colleges Curriculum Standards
3. COA annual reports and Policy and Procedure Manual
4. Occupational Outlook Handbook and Occupational Projections and Training Data (current edition)
5. Getting Started: North Carolina Jobs and Careers (current edition)
6. N. C. Community College Educational Guide
7. Curriculums in other college catalogs

COA: June, 1989

PROGRAM REVIEW NARRATIVE GUIDELINES

I. PROGRAM DESCRIPTION

A. Relevance and Fit: Briefly describe the program.

1. How well does the program relate to College of The Albemarle's mission? List program goals.
2. For what jobs can graduates expect to compete as a result of program completion?
3. What job skills will a program graduate obtain?
4. What are the current needs of industry in this field? Are the needs increasing, holding stable, or decreasing?
5. What impact do legislative regulations have on the program?
6. What is the role of the program's advisory committee?
7. Are there articulation agreements between high schools and/or four-year institutions and the program?

B. Curriculum: List the program's degree, diploma and/or certificate requirements.

1. Are program completion requirements clearly and accurately described in the college catalog and most recently printed brochure?
2. How does the curriculum meet the competency needs of the students in writing, reading, oral communication, and computational skills?
3. Does at least one full-time faculty member with appropriate credentials have primary assignment in the curriculum area?
4. Are textbooks, course outlines, and other instructional materials up-to-date?
5. Is there an orderly, identifiable sequence of courses leading to the degree with an adequate number of hours above the elementary level with appropriate prerequisites? Describe interdisciplinary approaches in courses to meet co- and prerequisites?

6. Are course substitutions allowed for required courses?

7. Is the program transferable? If not, are any of the courses transferable? If so, list them.

8. How well does the program satisfy the curriculum recommendations of licensing agencies, accrediting agencies, professional associations, and business and industry?

9. What mechanisms exist to assure that each course is meeting its objectives?

10. What value are the In-House Placement Tests to the placement of students in the proper courses?

11. How is COA's curriculum different from equivalent certificate, diploma, and associate degree curriculums at other institutions? Does COA's program have any innovations?

12. How has the advisory committee influenced the curriculum in the past five years?

13. How do faculty, graduates, employers, and the advisory committee evaluate the quality of the curriculum? Are there weak areas? If so, describe.

14. What changes in the curriculum do graduates, employers, faculty, and advisory committee members recommend that will make the program better and more up-to-date?

C. Market/Student Demand

1. For each of the last five years, what were the fall, winter, spring, and summer student enrollments? What percent of those students attended part-time? How many students graduated each year?

2. What are the student characteristics? (race, sex, age, employment status while attending school).

3. What percent of the graduates are getting jobs in areas related to their majors?

4. What percent of the early leavers are getting jobs in areas related to their majors

5. What reasons do the early leavers cite for not completing program requirements?

6. What efforts are made to follow-up on students who do not complete the program?

7. What other programs require their majors to take courses in this program? In what other programs are majors from this program required to take courses?

8. Are there other institutions in a 100-mile radius training graduates in this area? If yes, do they train as many as COA does?

9. Does this program have a marketing plan? If so, describe it.

10. What do employers and advisory committee members recommend be done that will increase the demand for COA graduates of this program?

II. PROGRAM EFFECTIVENESS

A. Faculty

1. Do all full-and part-time faculty teaching courses at this program level satisfy educational criteria as recommended by Southern Association of Colleges and Schools(SACS)?

2. What are the special competencies of the faculty?

3. What do the faculty do to continue their professional development and to maintain their skills in the occupation or subject that they teach?

4. Are faculty loads and responsibilities equitable and reasonable?

5. How available are faculty to students before and after class?

6. What percent of all sections have been taught by part-time faculty in each of the past five years? Is this ratio a good one for this program?

7. Are part-time faculty reasonably accessible to students?

8. Are the faculty members informed as to the criteria against which performance is measured and are yearly evaluations used for the improvement of the faculty and the program?

9. What strengths or competencies not yet possessed by current faculty will improve the program?

B. Instruction

1. How prepared are students entering the program? Are entering students' reading, writing, and math skills sufficient to complete introductory courses?

2. Are methods of instruction appropriate to the capabilities of the students? Are instructional alternatives utilized?

3. Do students have a clear understanding of the goals and requirements of each course, the nature of the course content, and the methods of evaluation to be employed?

4. How is the change in academic achievement of students ascertained? Are students given pre- and post-testing? Are standardized tests and comprehensive examinations used? Review sample test and/or final examination for each course.

5. What do the faculty do to improve their skills as teachers?

6. How do former students rate the instruction received?

7. Do former students recognize and report changes in values as a result of attending COA?

8. What strengths or competencies not yet possessed by the program will improve instruction?

C. Educational Support Services

1. Does the institution provide for its students a learning environment in which scholarly and creative achievement is encouraged?

2. Is the necessary equipment for the program adequate? How current is it? How well maintained is it? Is there an adequate amount of space available for instruction?

3. Are library and learning lab services and collections adequate and up-to-date for the program?

4. Do students have opportunities to learn how to access information in a variety of formats so that they can continue life-long learning?

5. Are developmental courses appropriate to overcome deficiencies in students' preparation for program study?

6. How do students rate admission procedures, academic advising, counseling, tutoring, career development, student organizations and activities, co-operative education, financial aid, job placement, course schedules, food service, computer services, and bookstore?

7. What facilities, equipment, supplies, and services are needed to improve the quality of the program?

D. Graduate and Employer Satisfaction

1. If relevant, what percent of the program's graduates pass the state or national licensing examination during each of the past five years?

2. How satisfied are graduates of the program? Are they or have they been employed in an area related to their major? How well has the program prepared them to do their job? Include location of employment, job title, income level, current employment status.

3. What percent of the program's graduates transferred to a four-year institution? Was transfer efficient? Did graduates subsequently receive a four-year degree?

4. What percent of the program's early leavers transferred? Did they receive a four-year degree?

5. What do graduates, advisory committee members, and employers see as the program's strengths?

6. What do graduates, advisory committee members, and employers see as the program's weaknesses?

7. What recommendations do graduates, advisory committee members, and employers make for improving the program?

III. VALUE-ADDED ANALYSIS

A. Support to other programs.

1. How does the program support other programs of the college?

2. How should the program support other programs of the college that it is not now doing?

B. Intangible Benefits

1. In what other ways does the program benefit COA and the community?

2. In what ways should the program benefit COA and the community that it is not now doing?

College of The Albemarle
P.O. BOX 2327 ELIZABETH CITY, NC 27909
(919) 335-0821

March 23, 1989

&FNAME& &LNAME&
&ADDRESS1&
&CITY&, &STATE& &ZIP&

Dear &FNAME&:

College of The Albemarle is currently involved in evaluating the strengths and weaknesses of its business computer programming program and in identifying ways to improve preparation of students. Your experience as a student and as an associate degree graduate can be very valuable to us.

Please complete and return the enclosed form by April 10. A stamped, addressed envelope is enclosed for your convenience.

All responses will be kept in complete confidence. Your name will never be associated with any information you supply. If you have questions about this survey please contact Phyllis Haskett, Program Evaluation Coordinator, at 335-0821, ext. 215.

Thank you for your participation in this important evaluation effort. You will be making a contribution to the improvement of educating future associate degree graduates. We look forward to receiving your response.

Sincerely,

J. Parker Chesson, Jr.
President

JPCjr:ws

Enclosures

BUSINESS COMPUTER PROGRAMMING
College of The Albemarle
Program Evaluation
1989
Graduate Form

Please return by April 10.

Your response to these questions will be treated as CONFIDENTIAL INFORMATION. Your answers will be part of a composite report in which individual respondents are not identified. Only the Evaluation Coordinator will see your returned form.

EMPLOYMENT

1. **What is your current employment status?**

   A. ____ Full-time in computer related field
   B. ____ Part-time in computer related field
   C. ____ Employed but not in computer related field
   D. ____ Unemployed

2. **ANSWER ONLY IF YOU ARE NOT EMPLOYED IN YOUR FIELD:**
   What is the reason for not being employed in your field?

   A. ____ Haven't looked for a computer related job
   B. ____ Found better pay in another field
   C. ____ Prefer to work in another field
   D. ____ Not qualified for the job wanted
   E. ____ Couldn't find a computer related job
   F. ____ Transferred to another school
   (Please include schools' name) ____________________
   Have you or will you receive a four-year degree?
   ____ yes ____ no
   G. ____ Other (Please explain) ____________________
   ____
   ____

3. **IF EMPLOYED in your field, please give name and address of employer.**
   ____
   ____
   ____
   ____

4. **IF EMPLOYED what is your current job title?**

   ____ Computer Programmer
   ____ Computer Programmer Trainee
   ____ Information Systems Programmer
   ____ Process Control Programmer
   ____ Detail Programmer
   ____ Data Processing Manager/Supervisor
   ____ Computer Operations Manager/Supervisor
   ____ Chief Business Programmer
   ____ Data Processing Programmer/Analyst
   ____ Other ____________________

5. **How long have you been in your current position?**

   ____ years ____ months

6. **What is your current rate of pay per hour?** ____________________

PREPARATION AT COA FOR A CAREER IN BUSINESS COMPUTER PROGRAMMING

7. **Did you feel that methods of instruction were appropriate for your reading, writing, and math skills in beginning EDP courses?**

   ____ yes ____ no

8. **Do you think the sequence of EDP courses was appropriate?**

   ____ yes ____ no

9. **In the first column below, please rate the QUALITY OF INSTRUCTION you received for each of the courses that you took at COA. Rate with a number using 4 for excellent, 3 for good, 2 for fair, and 1 for poor. In the second column, rate the course again as to the extent the knowledge, competencies or skills contained in the course content were REQUIRED BY THE JOB at entry level. Use 4 for strongly agree, 3 for agree, 2 for disagree, 1 for strongly disagree and 0 for do not know.**

Quality of Instruction Enter 1, 2, 3, or 4	Required by the Job Enter 0, 1, 2, 3, or 4	**MAJOR COURSES**	
____	____	EDP 101	Computer Fundamentals
____	____	BUS 101	Elementary Typewriting
____	____	EDP 109	BASIC I
____	____	EDP 113	Logic Design & Flow Charts
____	____	EDP 110	BASIC II
____	____	EDP 135	Software Applications
____	____	BUS 106	Introduction to Business
____	____	EDP 212	PASCAL I
____	____	EDP 213	PASCAL II
____	____	BUS 203	Accounting I
____	____	EDP 207	COBOL I
____	____	EDP 219	System Analysis
____	____	BUS 204	Accounting II
____	____	EDP 208	COBOL II

___	___	EDP 209	COBOL III
___	___	EDP 220	Computer Programming Project
___	___	T-BUS 272	Principles of Supervision

RELATED COURSES

___	___	T-MAT 104	Technical Math I
___	___	ECO 201	Principles of Economics I
___	___	T-MAT 105	Technical Math II
___	___	ECO 202	Principles of Economics II
___	___	T-TEC 201	Technical Report Writing I
___	___	ECO 203	Principles of Economics III
___	___	T-TEC 202	Technical Report Writing II
___	___	MAT 211	Elementary Statistics I

GENERAL EDUCATION

___	___	ENG 101	English Composition I
___	___	ENG 102	English Composition II
___	___	HEA 121,	122, or 223
___	___	PSY 201	General Psychology I

IF YOU ENROLLED AT COA PRIOR TO FALL 1986, please include the following courses:

___	___	T-BUS 115	Business Law I
___	___	EDP 204	Electronic Word Processing

Please comment on any unsatisfactory rating(s); feel free to comment on others.

10. List additional skills or knowledge you wish you had acquired in your computer programming program at COA.

11. List any specific software in which you feel training would have been helpful in your present employment.

SUPPORT SERVICES

12. Check any developmental courses you took prior to entering the business computer programming degree program.

A. ___ English
B. ___ Reading
C. ___ Basic Mathematics
D. ___ Algebra
E. ___ Applied Psychology
F. ___ College Success Skills

13. If checked above, did you feel the instruction in developmental courses adequately prepared you to enter your degree program?

___ well prepared me
___ prepared me somewhat
___ did not prepare me

Comments:

14. Did you participate in co-operative education courses?

___ yes ___ no

15. If yes checked in #14, how would you rate your cooperative education experience?

___ excellent ___good ___ fair ___ poor

16. Please evaluate the classroom facilities.

	Very Good	Acceptable	Unacceptable
Size	___	___	___
Seating	___	___	___
Temperature	___	___	___
Lighting	___	___	___
Extent of noise	___	___	___

17. Please evaluate the laboratory facilities.

	More than Adequate	Adequate	Definite need for replacement/addition
Size	___	___	___
Computers	___	___	___
Printers	___	___	___

18. Did you find the equipment and material located in the computer labs current and similar to those found in your current work location?

___ yes ___ no

19. Please rate the following services of the Learning Resources Center (Library):

	EXCELLENT	GOOD	FAIR	POOR	DON'T KNOW
Book collection	___	___	___	___	___
Professional journals	___	___	___	___	___
Audio-visual material (films, slides, tapes, etc)	___	___	___	___	___
Computer access	___	___	___	___	___
Computer software	___	___	___	___	___
Assistance of library staff	___	___	___	___	___

20. Please evaluate the effectiveness (courtesy, promptness of response, etc.) of these services provided by Student Development, Administrative, and Instructional Services.

	EXCELLENT	GOOD	FAIR	POOR	NOT APPLICABLE	DON'T KNOW
Admissions procedures	___	___	___	___	___	___
Placement process	___	___	___	___	___	___
Orientation	___	___	___	___	___	___
Advisement (counseling)	___	___	___	___	___	___
Financial Aid assistance	___	___	___	___	___	___
Special Services (Tutoring Program)	___	___	___	___	___	___
Variety of course offerings	___	___	___	___	___	___
Times when courses were scheduled	___	___	___	___	___	___
Registration procedures	___	___	___	___	___	___
Student activities	___	___	___	___	___	___
Food Services	___	___	___	___	___	___
Bookstore	___	___	___	___	___	___
PTK Used Bookstore	___	___	___	___	___	___
Career information	___	___	___	___	___	___
Job Placement	___	___	___	___	___	___

How could any of the above be improved?

GENERAL SATISFACTION

21. Compared to graduates of other business computer programming programs, how would you rate your overall education at COA?

A. ___ Excellent
B. ___ Good
C. ___ Average
D. ___ Poor
E. ___ Do not know

22. If you could begin again, would you choose COA? Would you choose the same field of study?

Choose COA:
___ Yes
___ No

Choose same field of study:
___ Yes
___ No

23. Would you recommend the Business Computer Programming program to someone else interested in becoming a computer programmer?

___ would recommend
___ would recommend but would point out certain shortcomings
___ would not recommend

24. Overall, how well do you feel COA met your needs in the following areas?

	Very Well	Adequately	Poorly
Intellectual Growth	___	___	___
Personal Growth	___	___	___

25. What recommendations would you make to improve the overall program?

Please return by April 10 to
Phyllis Haskett
College of The Albemarle
P.O. Box 2327
Elizabeth City, NC 27909
or use the enclosed envelope.
Thank you for your cooperation in assisting us.

College of The Albemarle
P.O. BOX 2327 ELIZABETH CITY, NC 27909
(919) 335-0821

March 24, 1989

&FNAME& &LNAME&
&ADDRESS1&
&CITY&, &STATE& &ZIP&

Dear &FNAME&:

College of The Albemarle is currently involved in evaluating the strengths and weaknesses of its business computer programming program and in identifying ways to improve preparation of students. As a former student, your opinions are valuable to us.

Please complete and return the enclosed form by April 12. A stamped, addressed envelope is enclosed for your convenience.

All responses will be kept in complete confidence. Your name will never be associated with any information you supply. If you have questions about this survey please contact Phyllis Haskett, Program Evaluation Coordinator, at 335-0821, ext. 215.

Thank you for your participation in tis important evaluation effort. You will be making a contribution to the improvement of educating future associate degree graduates. We look forward to receiving your response.

Sincerely,

J. Parker Chesson, Jr.
President

JPCjr:ws

Enclosures

BUSINESS COMPUTER PROGRAMMING
College of The Albemarle
Program Evaluation
1989
Non-Degree Recipients

Please return by April 12.

Your response to these questions will be treated as CONFIDENTIAL INFORMATION. Your answers will be part of a composite report in which individual respondents are not identified. Only the Evaluation Coordinator will see your returned form.

I attended classes ____ at the main campus.
____ at the Dare County Center.

1. Please check the reason(s) for discontinuing your studies prior to completing work for the associate in applied science degree.

____ Employment opportunity
____ Home/family needs
____ Military
____ Financial
____ Personal problems
____ Did not intend to earn a degree
____ Course load was too demanding
____ Not allowed to continue due to low grades
____ Job interfered with school
____ Transferred to ____________________
Have earned or will earn a four-year degree
____ yes ____ no
____ Changed field of study to ____________________
____ Other (Please explain) ____________________
____
____

2. What could the college have done to help you stay in school?

____ Nothing, wanted to upgrade skills only
____ Provide childcare
____ Provide tutoring
____ Offer more night classes
____ Offer more weekend classes
____ Provide more academic counseling
____ Provide more personal counseling
____ Other (Please explain) ____________________
____
____

3. Please check the courses that you successfully completed.

MAJOR COURSES

____ EDP 101 Computer Fundamentals
____ BUS 101 Elementary Typewriting
____ EDP 109 BASIC I
____ EDP 113 Logic Design & Flow Charts

____ EDP 110 BASIC II
____ EDP 135 Software Applications
____ BUS 106 Introduction to Business
____ EDP 212 PASCAL I
____ EDP 213 PASCAL II
____ BUS 203 Accounting I
____ EDP 207 COBOL I
____ EDP 219 System Analysis
____ BUS 204 Accounting II
____ EDP 208 COBOL II
____ EDP 209 COBOL III
____ EDP 220 Computer Programming Project
____ T-BUS 272 Principles of Supervision

RELATED COURSES

____ T-MAT 104 Technical Math I
____ ECO 201 Principles of Economics I
____ T-MAT 105 Technical Math II
____ ECO 202 Principles of Economics II
____ T-TEC 201 Technical Report Writing I
____ ECO 203 Principles of Economics III
____ T-TEC 202 Technical Report Writing II
____ MAT 211 Elementary Statistics I

GENERAL EDUCATION

____ ENG 101 English Composition I
____ ENG 102 English Composition II
____ HEA 121, 122, or 223
____ PSY 201 General Psychology I

4. What changes would you suggest in the curriculum (course offerings)?

5. Please rate the overall quality of instruction you received in business computer programming courses.

____ excellent
____ good
____ adequate
____ poor

6. Please rate the overall quality of instruction you received in related and general education courses.

____ excellent
____ good
____ adequate
____ poor

7. Your present employment status is

____ full-time
____ part-time
____ unemployed (go to question #10)

8. Your current job title is ____.

9. Did the education you received at COA help you get your present job?

____ yes ____ no

10. Did you participate in co-operative education courses?

____ yes ____ no

If yes, was the co-op experience beneficial?

____ yes ____ no ____ somewhat

11. Please make any suggestions for improving student support services, i.e. admissions, registration, counseling, financial aid, special services, career information, bookstore, food service, library services, job placement, developmental courses, etc.

12. Please make any suggestions for improvement in the business computer programming program at COA, including specific software, hardware, and instruction.

Please return by April 12 to
Phyllis Haskett
College of The Albemarle
P.O. Box 2327
Elizabeth City, NC 27909
or use the enclosed envelope.

Thank you for your cooperation in assisting us.

College of The Albemarle
P.O. BOX 2327 ELIZABETH CITY, NC 27909
(919) 335-0821

March 24, 1989

&FNAME& &SNAME& &LNAME&
&ADDRESS1&
&CITY&, &STATE& &ZIP&

Dear &FNAME& &LNAME&:

We are appreciative of your gift of time and expertise in serving on the Business Computer Programming Advisory Committee. Now we ask your help in one additional way.

College of The Albemarle is currently involved in evaluating the strengths and weaknesses of its business computer programming program and in identifying ways to improve preparation of students. This process requires surveying our graduates of the past five years, early program leavers, employers, and the advisory committee.

We are asking that you, as an advisory committee member, complete the enclosed questionnaire. You will also find enclosed a brochure which describes the diploma requirements. Your involvement in the development of the business computer programming program is very important to us.

Please return the form to the evaluation coordinator in the enclosed, stamped, self-addressed envelope. We request your immediate attention and ask that you respond no later than April 12.

Thank you for your interest in COA.

Sincerely,

J. Parker Chesson, Jr.
President

JPCjr:ws

Enclosures

BUSINESS COMPUTER PROGRAMMING
College of The Albemarle
Program Evaluation
Advisory Committee Form
1989

Please return by April 12.

Your response to these questions will be treated as CONFIDENTIAL INFORMATION. Your answers will be part of a composite report in which individual respondents are not identified. Only the Evaluation Coordinator will see your returned form.

Name ______________

You have been a member of this committee for ____ years.

1. Do you consider your membership on this committee worthwhile?

   ____ yes ____ no

2. Is the number of Advisory Committee meetings adequate to keep you informed of the quality of instruction provided by the Business Computer Programming curriculum?

   ____ yes ____ no

3. Please check the following functions that you feel the Business Computer Programming Advisory Committee performed in the past five years:

   _____ Served as a communication channel between college and community occupational groups;
   _____ Listed the specific skills and suggested related and technical information for the business computer programming program;
   _____ Recommended competent personnel from business and industry as potential instructors;
   _____ Helped evaluate the program of instruction, a major function of advisory committees;
   _____ Suggested ways for improving the public relations program at the college;
   _____ Assisted in recruiting, providing internships, and in placing qualified graduates in appropriate jobs;
   _____ Kept the college informed on changes in the labor market, specific needs, surpluses, etc;
   _____ Provided means for the college to inform the community of the business computer programming program;
   _____ Assessed program needs in terms of the entire community.

4. Are you kept informed of significant changes in the Business Computer Programming curriculum?

   ____ yes ____ no

5. Are the faculty responsive to suggestions for improvement?

____ yes ____ no

6. Is there evidence in the past five years that suggestions for improvement have been implemented?

____ yes ____ no

Please comment.

7. How could the Advisory Committee be better utilized?

8. What changes in the curriculum do you recommend now that will make the program better and more up-to-date? (See enclosed brochure.)

9. From your general impression, considering the overall program, what do you feel are its strengths and weaknesses?

Strengths: Weaknesses:

10. What recommendations would you make to improve the program?

60

11. What are your beliefs about the future career opportunities for computer programmers with associate degrees in COA's service area?

12. Do you feel that any of the following curriculums approved by the Department of Community Colleges would serve our community and should be made available at COA?

____ Computer Office Automation Technology
____ Computer Operations
____ Data Entry Operations
____ Other computer related curriculums ______________________________

____ Uncertain at this time

Please return by April 12 to
Phyllis Haskett
College of The Albemarle
P.O. Box 2327
Elizabeth City, NC 27909
or use the enclosed envelope.
Thank you for your cooperation in assisting us.

College of The Albemarle
P.O. BOX 2327 ELIZABETH CITY, NC 27909
(919) 335-0821

April 4, 1989

&FNAME& &SNAME& &LNAME&
&ADDRESS1&
&CITY&, &STATE& &ZIP&

Dear &FNAME& &LNAME&:

We are continuously seeking ways to improve programs offered at College of The Albemarle. We have found that employers provide very reliable and beneficial assistance.

As part of our business computer programming program review process, we are asking that you complete the enclosed survey. Even though you may not currently employ a COA graduate, your response will be extremely valuable to us.

We will treat your responses confidentially. These results will be a tremendous factor in assuring that the business computer programming program meets the needs of the employers in our service area. You will also find enclosed a brochure which describes the degree requirements for this program.

Please return the survey in the enclosed, stamped, self-addressed envelope. We request your immediate attention and ask that you respond no later than April 20.

Help us serve our students and community better. Thank you for your cooperation and interest in COA.

Sincerely,

J. Parker Chesson, Jr.
President

JPCjr:ws
Enclosures

W/67

BUSINESS COMPUTER PROGRAMMING
College of The Albemarle
Employer Survey
1989

Please return by April 20.

Your response to these questions will be treated as CONFIDENTIAL INFORMATION. Your answers will be part of a composite report in which individual respondents are not identified. Only the Evaluation Coordinator will see your returned form.

1. Do you employ computer related personnel in your business?

   ____ yes ____ no

   If yes, how many computer related personnel do you currently employ? ____

2. What job classifications for computer related personnel do you have?

   ____ Computer programmer
   ____ Computer operator
   ____ Data entry
   ____ Database manager
   ____ Word processor
   ____ Computer analyst
   ____ Computer accountant
   ____ Computer bookkeeper
   ____ Computer technician
   ____ Other (Please specify) ____________

3. What is your current salary range for these employees? ____________

4. Please list any skills or courses in which beginning computer programmers typically need additional instruction.

5. What specific types of software packages are used by your employees on the job?

6. What specific types of hardware are used by your employees on the job?

7. Do you foresee a major change in the skills required for a programming job during the next five years? ____ yes ____ no

If yes, what changes do you foresee?

8. What is your estimate of labor demands in COA's service area for two-year graduates in business computer programming in the next four-five years?

____ Increasing demand
____ Stable demand
____ Decreasing demand

IF YOU HAVE EMPLOYED ANY COA BUSINESS COMPUTER PROGRAMMING GRADUATE PLEASE COMPLETE THE FOLLOWING QUESTIONS.

9. How many business computer programming graduates of COA do you currently employ? ____

10. Please check the job functions of your employee/employees.

____ programming
____ data entry
____ word processing
____ spreadsheet applications
____ database management
____ other, please list
____
____
____

11. What job titles do these employees have?

12. Please indicate your general assessment of these graduates on the following skills and qualifications:

	Excellent	Good	Fair	Poor	Not Applicable
Programming skills	____	____	____	____	____
Computer operation	____	____	____	____	____
Management skills	____	____	____	____	____
Writing skills	____	____	____	____	____
Personal appearance	____	____	____	____	____
Productivity	____	____	____	____	____
Thoroughness	____	____	____	____	____
Responsibility	____	____	____	____	____
Leadership	____	____	____	____	____
Ability to work with others	____	____	____	____	____

13. How would you rate graduates of COA when compared to graduates of other post-secondary schools?

____ better prepared
____ equally prepared
____ less prepared

14. What suggestions do you have for improving or updating the associate degree in business computer programming program at College of The Albemarle?

Please return by April 20 to
Phyllis Haskett
College of The Albemarle
P.O. Box 2327
Elizabeth City, NC 27909
or use the enclosed envelope.
Thank you for your cooperation in assisting us.

BUSINESS COMPUTER PROGRAMMING
SACS CRITERIA CHECKLIST

Yes	No	Needs Improvement	No Opinion		Curriculum
___	___	___	___	1.	The Business Computer Programming curriculum offerings are clearly and accurately described in published materials.
___	___	___	___	2.	The faculty have adequate input in establishing, reviewing, and evaluating the curriculum.
___	___	___	___	3.	Degree requirements contain a basic core of general education courses.
___	___	___	___	4.	The core includes components designed to develop oral and written communication and to ensure competence in reading and fundamental mathematical skills.
___	___	___	___	5.	The core includes at least one course from each of the following areas: the humanities or fine arts, the social or behavioral sciences, and the natural sciences or mathematics.
___	___	___	___	6.	The curriculum provides for electives chosen from disciplines outside the student's area of specialization.
___	___	___	___	7.	There is an orderly, identifiable sequence of courses leading to the associate in applied science degree with an adequate number of hours required in courses above the elementary level with appropriate prerequisites.

Please comment on any "no" or "needs improvement" response:

Yes	No	Needs Improvement	No Opinion	Instruction
___	___	___	___	1. Instruction is evaluated regularly and evidence collected to demonstrate that efforts are being made to improve instruction.
___	___	___	___	2. Students are given at the beginning of each course a course outline written in the format outlined in the Policy & Procedure Manual so that students have a clear understanding of the goals and requirements of each course, the nature of the course content, and methods of evaluation used.
___	___	___	___	3. Methods of instruction help fulfill the goals of each course and are appropriate to the capabilities of the students.
___	___	___	___	4. Experimentation with methods to improve instruction are adequately supported and critically evaluated.
___	___	___	___	5. Evaluation of students reflects concern for quality and properly discerns levels of student performances.
___	___	___	___	6. COA periodically studies the effectiveness of instruction in this program.
___	___	___	___	7. Courses offered in the summer in concentrated time periods are designed to ensure an opportunity for reflection and analysis of the subject matter.
___	___	___	___	8. Students completing these courses have the opportunity to acquire comparable levels of knowledge and competencies as regular quarter courses.
___	___	___	___	9. Students are provided a learning environment in which scholarly and creative achievement is encouraged.
___	___	___	___	10. Developmental courses adequately prepare students for regular curriculum coursework.

11. Please comment on any "no" or "needs improvement" response:

12. Please list ways that you as an instructor evaluate your instructional effectiveness.

Yes	No	Needs Improvement	No Opinion		Off-campus Business Computer Programming Classes
___	___	___	___	1.	All courses taught at an off-campus location maintain the academic integrity of the technical division.
___	___	___	___	2.	COA provides for a regular, systematic evaluation of all off-campus classes to assess their appropriateness.

Please comment on any "no" or "needs improvement" response:

Yes	No	Needs Improvement	No Opinion	Faculty
___	___	___	___	1. The college provides adequate faculty salaries and benefits.
___	___	___	___	2. COA provides faculty members the opportunity to continue their professional development throughout their careers and demonstrates that such development takes place.
___	___	___	___	3. The current structure of college committees and President's Council is adequate for the program faculty to conduct its business with primary responsibility being the improvement of the educational program.
___	___	___	___	4. The business computer programming faculty is of adequate size to support its instructional program.
___	___	___	___	5. Full-time faculty assignments are equitable and reasonable.
___	___	___	___	6. Results of faculty evaluations are used for the improvement of the faculty and the educational program.
___	___	___	___	7. The ratio of full- to part-time faculty is appropriate for the program.
___	___	___	___	8. Appropriate orientation, supervision and evaluation of all part-time faculty is provided.
___	___	___	___	9. Students have reasonable access to part-time faculty for purposes of academic assistance.

Please comment on any "no" or "needs improvement" response:

Yes	No	Needs Improvement	No Opinion	Support Services
___	___	___	___	1. LRC holdings (books, magazines, audio-visuals, software) meet the needs and support the business computer programming program.
___	___	___	___	2. Well-maintained equipment and instructional materials are available when faculty need it.
___	___	___	___	3. Assignments in business computer programming courses require students to use the resources available through LRC and to learn how to access information in a variety of formats.
___	___	___	___	4. LRC staff work cooperatively with the teaching faculty in assisting to use resource materials effectively.
				5. The physical facilities are adequate to meet the needs of the program and include the following:
___	___	___	___	a. faculty offices
___	___	___	___	b. classrooms and laboratories
___	___	___	___	c. space for equipment and instructional materials
___	___	___	___	d. space for noninstructional activities of faculty and students
___	___	___	___	6. Secretarial and other supporting services are sufficient to meet the needs of the program.
___	___	___	___	7. The academic advisement of students is effective for all developmental, transfer, special credit, as well as T-022 students.
___	___	___	___	8. Career development is effective for this program.
___	___	___	___	9. COA places high priority on the counseling of students.
___	___	___	___	10. Students are appropriately placed in beginning courses based on their reading, English, and mathematics skills.

Please comment on any "no" or "needs improvement" response:

From your perspective, what is the perceived strength of the Business Computer Programming program?

From your perspective, what are the perceived needs of the Business Computer Programming program?

Comments/Concerns:

HOW WELL DID THE PROGRAM REVIEW PROCESS MEET ITS OBJECTIVES?

Please rate each objective according to the following scale by placing an (X) or (✓) at the point that in your judgment best represents the extent that the program review process met its objectives.

	Inadequate Average Excellent
1. Improve the quality of the college's academic offerings	/____/____/____/____/____/
2. Assess program strengths and needs and consider modifications	/____/____/____/____/____/
3. Determine need, demand, and effectiveness within the college and community	/____/____/____/____/____/
4. Facilitate planning, decision making, and budgeting at the local level	/____/____/____/____/____/
5. Enhance staff competencies in evaluating, planning, and utilizing available resources	/____/____/____/____/____/

Please complete the following statements:

1. The most helpful part of the program evaluation process was ____________

____

____

2. I will be able to use the information gathered to ____________________

____

____

3. A suggestion for improvement in the review process is ________________

____

____

Additional comments:

COA: June 26, 1989

FORSYTH TECHNICAL CC

Forsyth Technical Community College

Overview

Of

Model For Program Review

Background

Forsyth Technical Community College is located in an urban area in the Piedmont Triad. In the fall of 1988, the school had a curriculum enrollment of 4,513 and a curriculum FTE count of 2,822. The college offers a college transfer program, twenty-six technical programs, fourteen vocational programs and six certificate programs.

Formal program assessment began in July 1987, when Dr. Bob H. Greene, President, appointed a Dean of Program Assessment to begin a systematic evaluation of all programs and services. The process is qualitative, based primarily on data accumulated from surveys administered to groups knowledgeable about the particular program being assessed. All programs and services at the institution are reviewed on a five-year cycle.

Purpose

The primary purpose of assessment at FTCC is to provide a system for continued improvement in programs and services. Assessment procedures provide recognition of the accomplishments of a program or service as well as information needed for improvement and change. Assessment data and recommendations also help the institution plan for changes, additions, or deletions of goals.

Goals

1. To improve the quality of support services and instruction

2. To determine if the skills of the graduates of a program match the already established program competencies or objectives

3. To provide data for decisions regarding assignment of personnel to programs, admissions requirements for students, program changes, additions or deletions

4. To provide a system of regular data collection and analysis, information that can be used for accrediting agencies such as SACS, ABET, AMA, or State Board of Nursing

5. To determine how well the program serves the mission of the college, how well it supports other programs, and how well it responds to community needs

6. To satisfy the SACS requirement for a planning and evaluation procedure to ensure institutional effectiveness

Organization

The Dean of Program Assessment is responsible for coordinating, planning and implementing the assessment. She serves as the leader of the

Program Assessment Team in developing survey instruments. She mails, receives, and records the survey and analyzes the data. She also leads the Program Assessment Team in making recommendations based on the survey data to the Executive Vice-President and the President of the institution.

The Program Assessment Team helps to develop all survey instruments and to write the final evaluation report. The team is composed of the dean of the division in which the program is being assessed, the department head for the program being assessed, a full-time faculty member from the department being assessed, a faculty member from a related field, and a lay advisory committee member.

Procedures

The yearly selection of programs and services to be assessed is determined by suggestions of the deans or vice-presidents, an impending review of a program by an accrediting body, and/or suggestions by the Dean of Program Assessment. Once a program has been selected, the dean forms the Program Assessment Team to work with that program. At the first meeting, the dean distributes sample survey instruments and receives feedback from team members on additions, deletions, or revisions. When the surveys are ready, they are mailed to the categories of people listed below. If needed, the first mailing is followed by a second mailing two weeks later. The Dean of Program Assessment then tallies and records responses of the surveys. A summary of the responses is sent to the team. Each team member is asked to send back recommendations on the basis of the data. The dean compiles this information and writes the final report that includes a summary of the data, strengths and weaknesses of the program, and recommendations. The team reviews the final report once more before it is submitted to the Executive Vice-President and President who make decisions based on the recommendations. Summaries of the report are sent to the President for appropriate distribution.

Method of Assessment

Data for program assessment is generated from the following sources:

Surveys of

- recent graduates of the program (from 2-5 years back, depending on the program and the number of graduates)
- early leavers (students who enrolled within the last five years but did not complete the program)
- instructors in the program
- current students in the program
- current employers of students in the program
- advisory committee members

Descriptive data about

- program competencies/objectives
- enrollment
- graduate placement
- articulation and cooperative arrangements
- student retention
- faculty
- information from advisory committee
- local labor market statistics
- local employment statistics

Interviews of

- selected employers
- advisory committee members

Data Collected

- characteristics of student respondents (age, race, gender, financial aid recipient, previous education, subsequent education)
- ratings/comments from survey respondents on subjects such as:
  program quality
  curriculum and related courses
  admissions requirements
  personnel/staffing
  facilities
  equipment
  employment status of graduates
  other programs and services of the school
  enrollment figures for the last five years
- names and addresses of employers of graduates

Reporting and Follow-up

The program assessment team makes recommendations based on all survey data to improve the program. Responses of intended actions to these recommendations are completed by the dean of the appropriate division thirty days after distribution of the final report. A report on the implementation of the recommendations is then made at the end of each fiscal year. All reports are submitted to the Executive Vice-President.

Advantages and Disadvantages

Advantages

1. The program assessment team is small and manageable. In addition, the team members have more of an interest in the results of the process than would a generic committee assigned to review the data for every program reviewed.
2. The process and formal report are simple and succinct so they are easy to use and to understand.
3. The process has provided new information for the dean, department chair, and faculty for a particular program to focus on current needs and to plan for changes.

Disadvantages

1. As in most review processes, there is a massive amount of paperwork.
2. The majority of the work is done by the Dean of Program Assessment rather than the department chair of curriculum faculty.

Tips

1. Design and implement a system that is quick and easy for tabulating survey results. A microcomputer data base or a Scantron system can be used.
2. Paperwork is extensive so look for ways to reduce it.
3. Design a checklist for each stage of the process. It is easy to forget minor steps that result in later problems.
4. Prepare a calendar/time line and try to follow it.
5. Be organized.
6. Use colored paper for surveys when evaluating more than one program at a time.
7. Enclose a "small token" of appreciation such as a pocket calendar, pencil/pen, discount coupon for a course etc. in all surveys sent outside the institution.

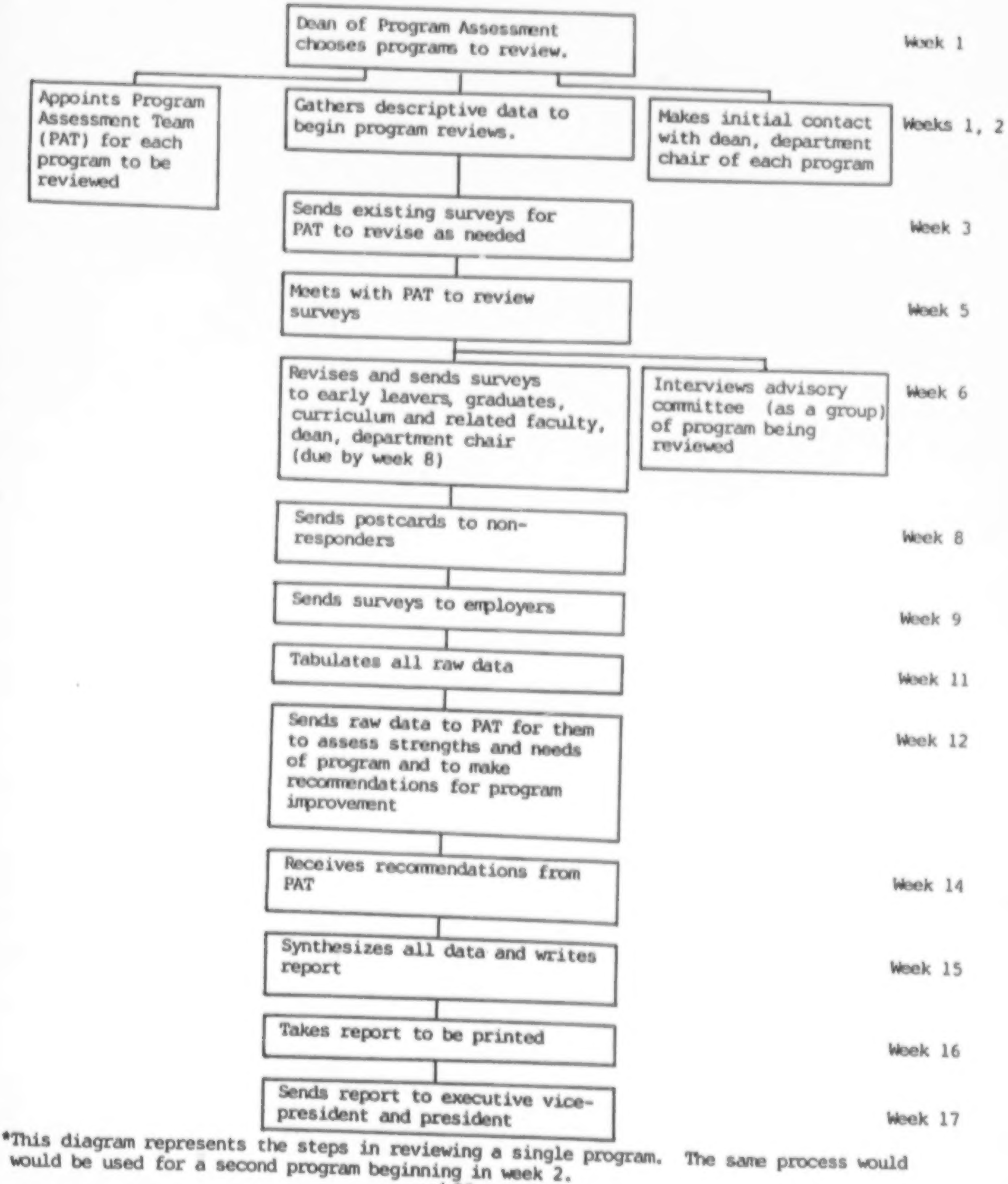
Contact Person

Dr. Susan R. Allred, Dean of Program Assessment
Forsyth Technical Community College
2100 Silas Creek Parkway
Winston-Salem, North Carolina 27103-5197
(919) 723-0371, Ext. 369

Additional Information

1. Chart of Program Assessment Process at FTCC
2. Cover letters for survey of employers, early leavers and graduates
3. Sample survey forms for employers of recent graduates, early leavers, currently enrolled students, graduates, faculty, department head and dean

*THE PROGRAM ASSESSMENT PROCESS AT PTCC


Dean of Program Assessment chooses programs to review.
Week 1
Appoints Program Assessment Team (PAT) for each program to be reviewed
Gathers descriptive data to begin program reviews.
Makes initial contact with dean, department chair of each program
Weeks 1, 2
Sends existing surveys for PAT to revise as needed
Week 3
Meets with PAT to review surveys
Week 5
Revises and sends surveys to early leavers, graduates, curriculum and related faculty, dean, department chair (due by week 8)
Interviews advisory committee (as a group) of program being reviewed
Week 6
Sends postcards to non-responders
Week 8
Sends surveys to employers
Week 9
Tabulates all raw data
Week 11
Sends raw data to PAT for them to assess strengths and needs of program and to make recommendations for program improvement
Week 12
Receives recommendations from PAT
Week 14
Synthesizes all data and writes report
Week 15
Takes report to be printed
Week 16
Sends report to executive vice-president and president
Week 17

*This diagram represents the steps in reviewing a single program. The same process would would be used for a second program beginning in week 2.

COVER LETTER FOR EMPLOYERS OF GRADUATES

January 11, 1989

Name
Address
Address

Dear:

A graduate of Forsyth Technical Community College's Mechanical Drafting and Design Technology program has responded to a survey as part of our evaluation procedures. Your name was given as the graduate's supervisor. We feel that the employers of our graduates have a unique perspective on the quality of our programs, and for that reason, I am asking you to take a few minutes to complete this survey, which will help us to evaluate the entire program.

If you would prefer to give this brief questionnaire to someone else to complete, write that person's name and job title on the top of the first page of the survey. Survey answers will be kept completely confidential. All responses will be grouped for reporting, and no names will be attached to responses at any time.

Please return the survey in the enclosed, self-addressed envelope by **January 23, 1989.** If you have any questions about this survey, please contact Susan Allred at 723-0371, ext. 221.

Thank you for your continued interest in Forsyth Technical Community College. We appreciate your cooperation in this evaluation.

Sincerely,

Bob H. Greene, Ed.D.

pwm

Enclosure

90/91

COVER LETTER FOR EARLY LEAVERS

Date

Name
Address
Address

Dear:

Because we are continuously seeking ways to improve programs offered at Forsyth Technical Community College, we are now evaluating the Welding Program. Your ideas as a former student will help us improve this program and make sure that our graduates have the skills employers demand.

We are asking you to take about ten minutes of your time to complete the attached survey. Your answers will be kept completely confidential. All responses will be grouped for reporting, and no names will be attached to responses at any time.

Please return the survey in the enclosed, self-addressed stamped envelope by April 20, 1989. If you have any questions about this survey, please contact Susan Allred at 723-0371, ext. 221.

Thank you for your continued interest in FTCC. Enclosed is a small token of our appreciation for your cooperation in this evaluation.

Sincerely,

Bob H. Greene, Ed.D.

jdg

Enclosures

92/93

COVER LETTER FOR GRADUATES

Date

Name
Address
Address

Dear:

We are continuously seeking ways to improve programs offered at Forsyth Technical Community College. To accomplish this goal, we are conducting a formal evaluation of the Welding program. You have been chosen as one of a select group of graduates to participate in this evaluation. Your experience will be a valuable source of ideas to improve and update this program so that future graduates possess the competencies needed by the employers in our service area.

We are asking you to take about fifteen minutes of your time to complete the attached survey. Your answers will be kept completely confidential. All responses will be grouped for reporting, and no names will be attached to responses at any time.

Please return the survey in the enclosed, self-addressed stamped envelope by April 20, 1989. If you have any questions about this survey, please contact Susan Allred at 723-0371, ext. 221.

Thank you for your continued interest in FTCC. Enclosed is a small token of our appreciation for your cooperation in this evaluation.

Sincerely,

Bob H. Greene, Ed.D.

jgd

Enclosures

PROGRAM EVALUATION
BUSINESS ADMINISTRATION
EMPLOYERS OF RECENT GRADUATES

Respondent______________________________

Business Address________________________

____

____

Recent Graduate_________________________

Your responses to these questions will be used to determine needs and to identify strengths of the Business Administration program at Forsyth Technical Community College. All of your responses will be kept confidential. Only totals will be reported.

In general, you should place a check (   ) beside the answer you wish to select. In some cases, a few words may answer the question. Please add comments about the questions any time you wish.

(1) What is the job title of the Business Administration program graduate you supervise?

____

(2) Have you ever employed or are you currently employing other graduates of Forsyth Tech's Business Administration program?
____YES ____NO

(3) Based on your experience, do you feel that the Forsyth Tech Business Administration graduate is prepared for the appropriate entry-level positions in your firm?
___YES ____NO If no, Why not?________________________
____

(4) What skills do you look for when hiring a Business Administration grad?

PROGRAM QUALITY

(4) Based on your experience, how would you rate the overall quality of the Business Administration program?
__Excellent __Good __Fair ___ Poor __Can't Say

96/97

(5) Based on your experience with Forsyth Tech Business Administration graduates, would you describe their job skills as
____generally up-to-date
____not generally up-to-date

(6) Do you have any suggestions for improving the Business Administration Curriculum at FTCC. (Refer to the attached curriculum)

(7) Are you willing to continue hiring Forsyth Tech Business Administration graduates as you have openings?
___YES _____NO

(8) What trends in this career area over the next 5-10 years do graduates need to be prepared for?

Thank you for taking the time to complete this brief survey. Your answers will be invaluable as we plan for the next several years in the Business Administration program.

Would you be willing to allow us to visit you to discuss your answers in more detail? If so, please give your business phone number: __________________

Please place the survey in the stamped, addressed envelope and return it to:

Dr. Susan R. Allred
Dean of Program Assessment
Forsyth Technical Community College
2100 Silas Creek Parkway
Winston-Salem, NC 27103

PROGRAM EVALUATION
MECHANICAL DRAFTING AND DESIGN TECHNOLOGY (MDDT)
EMPLOYERS OF RECENT GRADUATES

Respondent______________________________

Business Address________________________

____

____

Recent Graduate(s) _____________________

____

Your responses to these questions will be used to determine needs and to identify strengths of the MDDT program at Forsyth Technical Community College. All of your responses will be kept confidential. Only totals will be reported.

In general, you should place a check ( ) beside the answer you wish to select. In some cases, a few words may answer the question. Please add comments about the questions any time you wish.

(1) What is the job title of the MDDT program graduate you supervise?

____

(2) Have you ever employed or are you currently employing other graduates of Forsyth Tech's MDDT program?
_14_YES _7_NO

(3) Based on your experience, do you feel that the Forsyth Tech MDDT graduate is prepared for the appropriate entry-level positions in your firm?
_20_YES _1_NO If no, Why not?____________________

____

PROGRAM QUALITY

(4) Again, based on your experience, how would you rate the overall quality of the MDDT program?
_6_Excellent _12_Good _2_Fair ___ Poor _1_Can't Say

(5) Based on your experience with Forsyth Tech MDDT graduates, would you describe their job skills as
_20_generally up-to-date
__1_ not generally up-to-date

(6) Based on your experience with MDDT graduates, are there any changes in training or in equipment that you would recommend for the program?

(7) Are you willing to continue hiring Forsyth Tech MDDT graduates as you have openings?
_21_YES ____NO

(8) What trends in this career area over the next 5-10 years do graduates need to be prepared for?

(9) What changes in the job market for MDDT graduates do you foresee in the next 5-10 years?

Thank you for taking the time to complete this brief survey. Your answers will be invaluable as we plan for the next several years in the MDDT program.

Would you be willing to allow us to visit you to discuss your answers in more detail? If so, please give your business phone number: ____________________

Please place the survey in the stamped, addressed envelope and return it to:

Dr. Susan R. Allred
Dean of Program Assessment
Forsyth Technical Community College
2100 Silas Creek Parkway
Winston-Salem, NC 27103

PROGRAM EVALUATION
BUSINESS ADMINISTRATION
SURVEY OF EARLY LEAVERS

Please check (   ) the answer that best represents your opinion about each question. In some cases, you may be asked to write a few words to answer a question. Please feel free to write comments any time you wish.

Although you may omit any question that you prefer not to answer, please try to answer every question.

PROGRAM QUALITY

(1) Based on your experience, how would you rate the overall quality of content in the:

Business Administration courses?
___Excellent ___Good ___Fair ___Poor

Related courses?
___Excellent ___Good ___Fair ___Poor

(2) Using the attached list of courses, list any course(s) you felt were poor in instruction and/or content. Please explain.

(3) What do you think is the strongest or best part of the Business Administration program?

(4) What area of the Business Administration program do you think needs the most improvement? Why?

INSTRUCTION

(5) How would you rate the teaching you had in the:

Business Administration courses?
_____Excellent _____Good _____Fair ______Poor

Related courses (Psychology, English, etc.)?
_____Excellent _____Good _____Fair _____Poor

ADMISSIONS REQUIREMENTS

(6) Which one of these statements reflects your opinion of the admissions requirements for the Business Administration program?

_____too low, so that people are admitted to courses before they have the necessary skills to be successful in those courses
_____just about right
_____too high, so that people with adequate reading, writing, or math skills are kept out of courses
_____can't say

(7) What changes would you recommend in the admissions requirements if you think changes are necessary? Please be specific.

(8) Did you take any Pre-Technical courses to prepare for this program?

_____Yes (go to #9)   _____No (go to #10)   _____Don't Know (go to #10)

(9) Were your Pre-Technical courses good preparation for the courses that came after them in the Business Administration program.

_____Yes _____No _____Can't Say

REASONS FOR LEAVING

(10) Please check the reason(s) that you discontinued your studies in the Business Administration program before graduating. Check all that apply to you.

_____Employment (new job, shift change, more hours, etc.)
_____Home or family reasons
_____Military (joined armed forces)
_____Financial
_____Personal problems
_____Finished all the courses I wanted
_____Academic problems (low grades)
_____Courses too hard
_____Decided I didn't want to study this program
_____Switched to another program at Forsyth Tech.
_____Moved out of town
_____Transferred to another school
_____Courses were not what I expected (Please explain.)
_____Had a conflict with an instructor
_____Took job in Business Administration field
_____Other (Please explain.)_______________

(11) Do you plan to return to the Business Administration program? **Check one.**

_____YES _____NO

If you checked NO, please explain why.

(12) Have you continued your education elsewhere?
_____Yes _____No If yes, please explain.

(13) How did you first hear about the Business Administration program? Please check **ALL** of the following that describe you.

_____Friend or family member
_____High school counselor
_____High school teacher
_____High school College Day
_____Media advertisements (newspaper, radio, TV)
_____Employer
_____Admissions counselor
_____Advisor for another FTCC program
_____Other (Specify):______________________________

INFORMATION ON RESPONDENTS

Please check **ALL** of the following that apply to you.

FINANCIAL AID

(14) _____I did not receive any type of financial aid from FTCC.
_____I received some type of financial aid from FTCC. Name the type of aid_______________________

EMPLOYMENT

(15) Check one.
_____I was a full-time employee during most of my time in the Business Administration program.
_____I was a part-time employee during most of my time in the Business Administration program.
_____I was NOT employed while I was in the Business Administration program.

(16) What is your present employment status?
_____I am unemployed.
_____I am employed but not in a job related to my training in the Business Administration program.
_____I am employed in a job related to my training in the Business Administration program.

(17) What is your present job title? ______________________

PREVIOUS EDUCATION BEFORE ATTENDING FTCC

(18) Please check ALL that were true for you before you attended classes at FTCC.
_____I had no prior college training.
_____I had other college training, but I had not completed a college degree.
_____I had a vocational diploma from Forsyth Tech.

or another community college.
_____I had a prior 2-year degree from Forsyth Tech. or another community college.
_____I had a 4-year college degree.

RACE

(19) _____White _____American Indian
_____Black _____Asian
_____Hispanic _____Other:____________________

AGE WHILE IN BUSINESS ADMINISTRATION PROGRAM

(20) I was _____years old when I was taking Business Administration classes.

STUDENT STATUS

(21) _____I was a full-time student (12 or more quarter hours) while attending Business Administration classes.
_____I was a part-time student (1-11 quarter hours) while attending Business Administration classes.

NUMBER OF QUARTERS

(22) I successfully completed _____quarters in the Business Administration program at Forsyth Tech.

Thank you for answering these questions about the Business Administration program. We welcome any additional comments about the program that you would like to make. Your responses will be used to strengthen the Business Administration program.

Please place this questionnaire in the stamped, addressed envelope and send it to:

Dr. Susan R. Allred
Dean of Program Assessment
Forsyth Technical Community College
2100 Silas Creek Parkway
Winston-Salem, NC 27103

PROGRAM EVALUATION
MECHANICAL DRAFTING & DESIGN TECHNOLOGY (MDDT)
SURVEY OF EARLY LEAVERS

Please check (✓) the answer that best represents your opinion about each question. In some cases, you may be asked to write a few words to answer a question. Please feel free to write comments any time you wish.

Although you may omit any question that you prefer not to answer, please try to answer every question.

PROGRAM QUALITY

(1) How would you rate the overall quality of the MDDT program, program, based on your experience?
___Excellent ___Good ___Fair ___Poor ___Can't Say

(2) Please rate the quality of content and quality of instruction for each of these courses, IF YOU TOOK THEM. Check one block for each course. Please check "NOT TAKEN" for the courses you did not have.
E = Excellent G = Good F = Fair P = Poor
NT = Not Taken

COURSE	CONTENT					INSTRUCTION				
	E	G	F	P	NT	E	G	F	P	NT
FIRST QUARTER										
Technical Drafting I	___	___	___	___	___	___	___	___	___	___
Computer Graphics	___	___	___	___	___	___	___	___	___	___
Introduction to Written Communications	___	___	___	___	___	___	___	___	___	___
Technical Mathematics I	___	___	___	___	___	___	___	___	___	___
Machine Processes I	___	___	___	___	___	___	___	___	___	___
SECOND QUARTER										
Composition	___	___	___	___	___	___	___	___	___	___
Technical Drafting II	___	___	___	___	___	___	___	___	___	___
Machine Processes II	___	___	___	___	___	___	___	___	___	___
Technical Mathematics II	___	___	___	___	___	___	___	___	___	___
Physics - Mechanics	___	___	___	___	___	___	___	___	___	___
THIRD QUARTER										
Technical Drafting III	___	___	___	___	___	___	___	___	___	___
Manufacturing Processes I	___	___	___	___	___	___	___	___	___	___
Technical Report Writing	___	___	___	___	___	___	___	___	___	___
Technical Mathematics III	___	___	___	___	___	___	___	___	___	___
Physics - Materials & Heat	___	___	___	___	___	___	___	___	___	___

	CONTENT					INSTRUCTION				
	E	G	F	P	NT	E	G	F	P	NT
FOURTH QUARTER										
Design Drafting I	___	___	___	___	___	___	___	___	___	___
Dimensioning & Tolerancing	___	___	___	___	___	___	___	___	___	___
Applied Mechanics	___	___	___	___	___	___	___	___	___	___
Ferrous Metallurgy	___	___	___	___	___	___	___	___	___	___
Fluid Power										
FIFTH QUARTER										
Descriptive Geometry	___	___	___	___	___	___	___	___	___	___
Design Drafting II	___	___	___	___	___	___	___	___	___	___
Strength of Materials	___	___	___	___	___	___	___	___	___	___
Physics - Electricity										
SIXTH QUARTER										
Mechanisms	___	___	___	___	___	___	___	___	___	___
Design Drafting III	___	___	___	___	___	___	___	___	___	___
Control Systems	___	___	___	___	___	___	___	___	___	___
Oral Communication	___	___	___	___	___	___	___	___	___	___
Industrial Organization and Management										
SEVENTH QUARTER										
Jig and Fixture Design	___	___	___	___	___	___	___	___	___	___
Product Design	___	___	___	___	___	___	___	___	___	___
Computer Graphics Design	___	___	___	___	___	___	___	___	___	___
Economics I	___	___	___	___	___	___	___	___	___	___
Applied Psychology										

INSTRUCTION

(3) Now please think about the quality of instruction (teaching) you had in your MDDT classes. What grade would you give the teaching you had in the MDTT courses?

_____A _____B _____C _____D _____F

ADMISSIONS REQUIREMENTS

(4) In your opinion, were the admissions requirements for the MDDT program: (Please check the one you most agree with.)

_____too low, so that people are admitted to courses before they have the necessary skills to be successful in those courses

_____just about right

_____too high, so that people with adequate reading, writing, or math skills are kept out of courses

_____don't know

(5) Did you take any Pre-Technical courses at Forsyth Tech?
________YES (go to #6) ______NO (go to #7) _____DON'T KNOW (go to #7)

(6) Were your Pre-Technical courses good preparation for the MDDT program.
_____YES _____NO _____DON'T KNOW

REASONS FOR LEAVING

(7) Please check the reason(s) that you discontinued your studies in the MDDT program before graduating. Check all that apply to you.

_____Employment (new job, shift change, more hours, etc.)
_____Home or family reasons
_____Military (joined armed forces)
_____Financial
_____Personal problems
_____Finished all the courses I wanted
_____Academic problems (low grades)
_____Courses too hard
_____Decided I didn't want to study this program
_____Switched to another program at Forsyth Tech
_____Moved out of town
_____Transferred to another school
_____Courses were not what I expected (Please explain.)

_____Had a conflict with an instructor
_____Took job in MDDT field
_____Other (Please explain.)__________________________

(8) Do you plan to return to the MDDT program? Check one.
_____YES _____NO

If you checked NO, please explain why.

9) How did you first hear about the MDDT program? Check one.

_____Friend or family member
_____High school counselor
_____High school teacher
_____High school College Day
_____Media advertisements (newspaper, radio, TV)
_____Employer
_____Admissions counselor
_____Advisor for another FTCC program
_____Other (Specify):__________________________________

INFORMATION ON RESPONDENTS

Please check ALL of the following that describe you.

STUDENT STATUS

(10) _____I was a full-time student while attending MDDT classes.
_____I was a part-time student while attending MDDT classes.

NUMBER OF QUARTERS

(11) I completed _____quarters in the MDDT program at Forsyth Tech.

PREVIOUS EDUCATION BEFORE ATTENDING FTCC

(12) Please check ALL that are true.
_____I had other college training, but I had not completed a college degree.
_____I had a vocational diploma from Forsyth Tech or another community college.
_____I had a prior degree from Forsyth Tech.
_____I had a four-year college degree.
_____I had no prior college training.

EMPLOYMENT

(13) _____I was a full-time employee while in the MDDT program.
_____I was a part-time employee while in the MDDT program.
_____I was not employed while I was in the MDDT program.

AGE WHILE IN MDDT PROGRAM

(14) I was _____years old when I was taking MDDT classes.

RACE

(15) _____White
_____Black
_____Hispanic
_____Am. Indian
_____Asian
_____Other:____________________

(16) Did you receive financial aid or a scholarship while attending FTCC?
_____YES _____NO

Thank you for answering these questions about the Mechanical Drafting & Design program. We welcome any additional comments about the program that you would like to make. Your responses will be used to strengthen the MDDT program.

Please place this questionnaire in the stamped, addressed envelope and send it to:

Dr. Susan R. Allred
Dean of Program Assessment
Forsyth Technical Community College
2100 Silas Creek Parkway
Winston-Salem, NC 27103

PROGRAM EVALUATION
BUSINESS ADMINISTRATION
CURRENTLY ENROLLED STUDENTS

All students in the Business Administration program are being asked to complete this questionnaire as part of a plan to evaluate the program. Your answers will be kept completely anonymous; no name will be attached to any response.

Please check ( ) the answers that best represent your opinions about each question.In some cases, you may be asked to write a few words to answer a question. Please feel free to write comments any time you wish.

Although you may omit any questions that you prefer not to answer, please try to answer every question.

EMPLOYMENT

(1) What is your present employment status? Check all that are true for you.

_____I am unemployed.
_____I am employed but not in a job related to my training in the Business Administration program.
_____I am employed in a job related to my training in the Business Administration program.
_____I am employed full-time.
_____I am employed part-time.

PROGRAM QUALITY

(2) How would you rate the overall quality of content in the:

Business Administration courses?
_____Excellent _____Good _____Fair _____Poor

Related courses?
_____Excellent _____Good _____Fair _____Poor

(3) What do you think is the strongest or best part of the Business Administration program?

(4) What area of the Business Administration program do you think needs the most improvement? Why?

COURSES

Please use attached curriculum sheet to answer the questions in this section.)

(5) List any courses you felt were poor in instruction or content. Please explain.

(6) List any areas of instruction you would like to add to the curriculum, and explain why you chose them.

(7) How would you rate the general quality of instruction you have had in the Business Administration courses?

_____Excellent _____Good _____Fair _____Poor

(8) Are there any courses that should be taken out of the Business Administration program? If so, please list them and explain why.

(9) How would you rate the quality of the content and instruction in the related courses (Eng 100, Psy 206, etc.)?

Content: _____Excellent _____Good _____Fair _____Poor
Instruction: _____Excellent _____Good

Please add any comments about the related courses here.

FACILITIES

(10) The facilities used by a program include the classrooms, labs, shops, and any off-campus teaching sites. Based on your experience, would you say that the facilities used by the Business Administration program were
_____generally adequate or _____not adequate

(11) What changes could be made in the facilities used by the Business Administration program that would, in your opinion, make the program better? Check any change(s) below that you agree with.
_____More up-to-date shops/labs are needed.
_____More space is needed.
_____Additional classrooms are needed.
_____On campus space is needed to add training in
____
_____Other change:______________________________
____ No changes are recommended.

EQUIPMENT

(12) As far as you know, are you using equipment in your classes that is as modern as the equipment you'll use on the job?
_____YES _____NO

(13) Is there an adequate supply of the equipment in your Business Administration classes?
_____YES _____NO

(14) Is there any equipment that you think should be used in your classes to make you better prepared for the job market?
_____YES (Please tell us what:______________________

____
_____NO

ADMISSIONS REQUIREMENTS

(15) Which one of these statements reflects your opinion of admissions requirements for the Business Administration program?
_____too low, so that people are admitted to courses before they have the skills to handle them
_____just about right
_____too high, so that people with adequate reading, writing, or math skills are kept out of courses
_____can't say

(16) What changes would you recommend in the admissions requirements if you think changes are necessary? Please be specific.

(17) Did you take or are you currently taking any Pre-Technical courses?
_____YES **(go to #18)** _____NO **(go to #19)** _____DON'T KNOW **(go to #19)**

(18) If you answered YES in #17, please answer this question: Have your Pre-technical courses been good preparation for the courses that come after them in the Business Administration program?
_____YES _____NO _____CAN'T SAY YET

OTHER PROGRAMS AND SERVICES

(19) Please rate the following programs or services that are available to you as a Forsyth Tech. student. Check DON'T KNOW if you have had no experience with the program or service.

	Excellent	Good	Fair	Poor	Don't Know
Academic Advising					
Counseling Center					
Career Guidance Center					
Admissions Office					
Records					
Job Placement Office					
Library					
Individualized Learning Center (ILC)					
Bookstore					
Student Activities					
Public Safety Office (Campus Security)					
Business Office/ Cashier					
Student Financial Services					
Cafeteria					

INFORMATION ON RESPONDENTS

The following information will be used to help us describe the people who answered these questions. Please check **ALL** of the following that apply to you.

(20) How did you first hear about the Business Administration program? Please check **ALL** of the following that describe you.
______friend or family member
______high school counselor
______high school teacher
______high school College Day
______media advertisements (newspaper, radio, TV
______employer
______admissions counselor
______advisor for another FTCC program
______other: (specify)____________________________________

STUDENT STATUS

(21) ______I am a full-time student (12 or more quarter hours) this quarter.
______I am a part-time student (1-11 quarter hours) this quarter.

FINANCIAL AID

(22) _____I do not receive any type of financial aid from FTCC.
_____I receive some type of financial aid from FTCC.
Name the type of aid.__________________________

NUMBER OF QUARTERS IN BUSINESS ADMINISTRATION

(23) This is my _____ (1st, 2nd, 3rd, etc.) quarter in the Business Administration program.

PREVIOUS EDUCATION

(24) Check ALL that were true for you before you began the Business Administration Program.
_____I had no prior college training.
_____I had had other college training, but I had not completed a college degree.
_____I have a vocational diploma from Forsyth Tech. or another community college.
_____I had a 2-year college degree from FTCC or another community college.
_____I have a 4-year degree.

RACE

(25) Please check ONE:
_____White
_____Black
_____Hispanic
_____American Indian
_____Asian
_____Other:__________

AGE UPON ENTRANCE TO CURRICULUM

(26) I was _____years old when I began the Business Administration program.

Thank you for answering these questions about the Business Administration program. Your responses will be used to identify the strong elements of the program and ways in which the program can be strengthened and improved for both current and future students.

PROGRAM EVALUATION
MECHANICAL DRAFTING AND DESIGN TECHNOLOGY (MDDT)
CURRENTLY ENROLLED STUDENTS

All students in the Mechanical Drafting & Design program are being asked to complete this questionnaire as part of a plan to evaluate the program. Your responses will be used to identify the strong elements of the program as well as the parts that need improving. By responding thoughtfully and frankly, you will be giving valuable information that will benefit both current and future students.

Your answers will be kept completely anonymous; no name will be attached to any response.

Please check (✓) the answers that you choose when the questions have choices listed. When the questions do not have choices listed, please write your answer in a few short words. You may also write comments on any question, even if you are not specifically requested to do so.

You may omit any questions that you prefer not to answer, but it would be helpful if you would try to answer all of them.

PROGRAM QUALITY

(1) How would you rate the overall quality of the MDDT program?

_____Excellent _____Good _____Fair _____Poor

COURSES

(2) Please rate the quality of content and quality of instruction for each of the following courses IF YOU HAVE TAKEN THEM OR ARE CURRENTLY TAKING THEM. You will need to place two checks beside each course, one for content and one for instruction.
E = Excellent G = Good F = Fair P = Poor NT = Not Taken

	CONTENT					INSTRUCTION				
COURSES	E	G	F	P	NT	E	G	F	P	NT
FIRST QUARTER										
Technical Drafting I										
Computer Graphics										
Introduction to Written Communication										
Technical Mathematics I										
Machine Processes I										
SECOND QUARTER										
Composition										
Technical Drafting II										
Machine Processes II										
Technical Mathematics II										
Physics - Mechanics										

	CONTENT					INSTRUCTION				
	E	G	F	P	NT	E	G	F	P	NT
THIRD QUARTER										
Technical Drafting III	___	___	___	___	___	___	___	___	___	___
Manufacturing Processes I	___	___	___	___	___	___	___	___	___	___
Technical Report Writing	___	___	___	___	___	___	___	___	___	___
Technical Mathematics III	___	___	___	___	___	___	___	___	___	___
Physics - Materials and Heat										
FOURTH QUARTER										
Design Drafting I	___	___	___	___	___	___	___	___	___	___
Dimensioning & Tolerancing	___	___	___	___	___	___	___	___	___	___
Applied Mechanics	___	___	___	___	___	___	___	___	___	___
Ferrous Metallurgy	___	___	___	___	___	___	___	___	___	___
Fluid Power										
FIFTH QUARTER										
Descriptive Geometry	___	___	___	___	___	___	___	___	___	___
Design Drafting II	___	___	___	___	___	___	___	___	___	___
Strength of Materials	___	___	___	___	___	___	___	___	___	___
Physics - Electricity										
SIXTH QUARTER										
Mechanisms	___	___	___	___	___	___	___	___	___	___
Design Drafting III	___	___	___	___	___	___	___	___	___	___
Control Systems	___	___	___	___	___	___	___	___	___	___
Oral Communication	___	___	___	___	___	___	___	___	___	___
Industrial Organization and Management										
SEVENTH QUARTER										
Jig and Fixture Design	___	___	___	___	___	___	___	___	___	___
Product Design	___	___	___	___	___	___	___	___	___	___
Computer Graphics Design	___	___	___	___	___	___	___	___	___	___
Economics I	___	___	___	___	___	___	___	___	___	___
Applied Psychology										

(3) Based on your experience so far, do you think that the courses in this program generally deal with material that you will need to know in order to work in this field?

_____YES _____NO

If you answered NO, please look back at the courses listed in Question #2 and list which ones you think contain material that you will not use.

(4) Please rate the material you are learning in your MDDT classes. Check one:

_____Generally up-to-date _____Not generally up-to-date

(5) Are there any areas in which you would like to have training to prepare you to work in the MDDT field that are NOT currently covered in MDDT courses?
_____YES _____NO

If you answered YES, please list those areas:

(6) Now look back at the list of courses in Question 2 on page 1. Are there any of these that you would recommend deleting?
YES_____ NO_____

If YES, please list them and tell us why.

FACILITIES

(7) The facilities used by a program include the classrooms, labs, shops, and any off-campus teaching sites. Based on your experience, would you say that the facilities used by the MDDT program were
_____generally adequate or _____not adequate

(8) What changes could be made in the facilities used by the MDDT program that would, in your opinion, make the program better? Check any change(s) below that you agree with.
_____More up-to-date shops/labs are needed.
_____More space is needed.
_____Additional classrooms are needed.
_____On campus space is needed to add training in

____

_____Other change:______________________________
____ No changes are recommended.

EQUIPMENT

(9) As far as you know, are you using equipment in your classes that is as modern as the equipment you'll use on the job?
_____YES _____NO

(10) Is there an adequate supply of the equipment in your MDDT classes?
_____YES _____NO

(11) Is there any equipment that you think should be used in your classes to make you better prepared for the job market?

_____YES (Please tell us what:______________________

____

_____NO

PROGRAM QUALITY

(12) What do you think is the strongest or best part of the MDDT program?

(13) What area of the MDDT program do you think needs the most improvement? Why?

ADMISSIONS REQUIREMENTS

(14) Which one of these statements reflects your opinion of admissions requirements for the MDDT program?

_____too low, so that people are admitted to courses before they have the skills to handle them

_____just about right

_____too high, so that people with adequate reading, writing, or math skills are kept out of courses

_____can't say

(15) What changes would you recommend in the admissions requirements if you think changes are necessary? Please be specific.

(16) Did you take or are you currently taking any Pre-Technical courses?

_____YES	_____NO	_____DON'T KNOW
(go to #18)	(skip #18)	(skip #18)

(17) If you answered YES in #16, please answer this question: Have your Pre-technical courses been good preparation for the courses that come after them?

_____YES _____NO _____CAN'T SAY YET

OTHER PROGRAMS AND SERVICES

(18) Please rate the following programs or services that **are** available to you as a Forsyth Tech student. Check DON'T KNOW if you have had no experience with the program or service.

	Excellent	Good	Fair	Poor	Don't Know
Academic Advising					
Counseling Center					
Career Guidance Center					
Admissions Office					
Records					
Job Placement Office					
Library					
Individualized Learning Center (ILC)					
Bookstore					
Student Activities					
Public Safety Office (Campus Security)					
Business Office/ Cashier					
Student Financial Services					
Cafeteria					

(19) How did you first hear about the MDDT program?
_____friend or family member
_____high school counselor
_____high school teacher
_____high school College Day
_____media advertisements (newspaper, radio, TV
_____employer
_____admissions counselor
_____advisor for another FTCC program
_____other:_____________________________________

(20) Do you know the name of your academic advisor?
_____YES _____NO

(21) Do you know where your advisor's office is?
_____YES _____NO

INFORMATION ON RESPONDENTS

The following information will be used to help us describe the people who answered these questions. We would appreciate your taking time to answer them. Please check ALL of the following that apply to you.

FULL/PART-TIME

(22) _____I am a full-time student (12 or more quarter hours) this quarter.
_____I am a part-time student (1-11 quarter hours) this quarter.

FINANCIAL AID

(23) _____I receive some type of financial aid from FTCC.
_____I do not receive any type of financial aid from FTCC.

NUMBER OF QUARTERS IN MDTT

(24) This is my _____ (1st, 2nd, 3rd, etc.) quarter in the MDDT program.

PREVIOUS EDUCATION

(25) Check ALL that are true for you.
_____I have had no other college training.
_____I have had other college training, but I have not completed a degree.
_____I have a college degree from a college other than Forsyth Tech.
_____I have a vocational diploma from Forsyth Tech or another community college.
_____I have a prior degree from Forsyth Tech.

RACE

(26) Please check ONE:
_____White
_____Black
_____Hispanic
_____American Indian
_____Asian
_____Other

PRESENT AGE

(27) My present age is _____.

EMPLOYMENT

(28) What is your present employment status? Check all that are true for you.

_____I am unemployed.
_____I am employed but not in a job related to my training in the MDDT program.
_____I am employed in a job related to my training in the MDDT program (go to #27).
_____I am employed full-time.
_____I am employed part-time.

(29) We would like to conduct a survey of employers to help us to evaluate the MDDT program. We would appreciate it if you would provide the following information so that your employer may participate in this study. List this information only if employer is in the MDDT area.

Name of your current employer_____________________________

Your supervisor's name_____________________________________

Employer's address____

______________________________Zip__________

Thank you for answering these questions about the MDDT program. Your responses will be used to identify ways in which the program can be strengthened and improved.

PROGRAM EVALUATION
BUSINESS ADMINISTRATION
GRADUATES' QUESTIONNAIRE

Please check (   ) the answers that best represent your opinions about each question. In some cases, you may be asked to write a few words to answer a question. Please feel free to write comments any time you wish.

Although you may omit any question that you prefer not to answer, please try to answer every question.

EMPLOYMENT

(1) What is your present employment status?
_____I am unemployed **(skip to #3).**
_____I am employed but not in a job related to my training in the Business Administration program **(skip to #3).**
_____I am employed in a job related to my training in the Business Administration program **(go to #2).**
_____I am currently seeking a position in the Business Administration field. With whom? ____________________
____
(go to #3)

(2) We would like to conduct a survey of employers to help us evaluate the Business Administration program. We would appreciate your providing the following information so that your employer may participate in this study.

Name of your current employer____________________________

Your supervisor's name____________________________

Employer's address____________________________

____
(zip)

Supervisor's business phone number____________________________

Now please skip to #5.

(3) If you are not working at present or not working at a job directly related to your training in the Business Administration program, have you been employed in the field at any time since graduation?
_____YES _____NO

(4) If your present job is not directly related to your training in the program, has your training been useful in your present job?
_____YES _____NO

(5) What is your present job title?________________________

(6) Do you feel that your training in the Business Administration program prepared you for an entry-level position in the Business Administration field?
_____YES _____NO If no, why not?

PROGRAM QUALITY

(7) How would you rate the overall quality of content in the:

Business Administration courses?
_____Excellent _____Good _____Fair _____Poor

Related courses?
_____Excellent _____Good _____Fair _____Poor

(8) Please rate the material you were learning in your Business Administration classes.

_____generally up-to-date _____generally not up-to-date

(9) What do you think was the strongest or best part of the Business Administration program?

(10) What area of the Business Administration program do you think needed the most improvement? Why?

(11) How might the training offered by the Business Administration program need to change to meet the needs of graduates in the next five to ten years?

COURSES

(Please use the attached curriculum sheet to answer the questions in this section.)

(12) List any courses you felt were poor in instruction or content. Please explain.

(13) List any areas of instruction you would like to add to the curriculum, and explain why you chose them.

(14) What grade would you give the general quality of instruction you had in the Business Administration courses?
_____Excellent _____Good _____Fair _____Poor

(15) Are there any courses that should be taken out of the Business Administration program? If so, please list them and explain why.

(16) How would you rate the quality of the content and instruction in the related courses (Eng 100, Psy 206, etc.)?

Content: _____Excellent _____Good _____Fair _____Poor
Instruction: _____Excellent _____Good _____Fair _____Poor

Please add any comments about the related courses here.

FACILITIES

(17) The facilities used by a program include the classroom, labs, and any off-campus teaching sites. Based on your experience, would you say that the facilities used by the Business Administration were
_____generally adequate or _____not adequate

(18) What changes could be made in the facilities used by the Business Administration that would, in your opinion, make the program better? Check all change(s) below that you agree with.
_____More up-to-date labs are needed.
_____More space is needed.
_____Additional classrooms are needed.
_____On campus space is needed to add training in
____.
_____Other change:_________________________________.
_____No changes are recommended.

EQUIPMENT

(19) Did you train on equipment in your classes that was as modern as the equipment you use in your Business Administration job?
_____YES _____NO _____I'm not employed in a Business Administration job.

(20) Was there an adequate supply of the equipment you used in your classes?

_____YES _____NO

(21) Is there any additional equipment that would better prepare current students for the job market?

_____Yes (Please tell us what:_____________________________

____

_____No

ADMISSIONS REQUIREMENTS

(22) Which one of these statements reflects your opinion of the admissions requirements for the Business Administration program?

_____too low, so that people are admitted to courses before they have the necessary skills to be successful
_____just about right
_____too high, so that people with adequate reading, writing, or math skills are kept out of courses
_____can't say

(23) What changes would you recommend in the admissions requirements if you think changes are necessary? Please be specific.

(24) Did you take any Pre-Technical courses to prepare for this program?

_____YES (go to #25) _____NO (go to #26) _____DON'T KNOW (go to #26)

(25) If you answered Yes in #24, please answer this question: Were your Pre-Technical courses good preparation for the courses that came after them in the Business Administrative program?

_____YES ____NO _____DON'T KNOW

OTHER PROGRAMS AND SERVICES

(26) Please rate the following services or programs that were available to you as a Forsyth Tech. student. Check DON'T KNOW if you had no experience with the program or service.

	Excellent	Good	Fair	Poor	Don't Know
Academic advising					
Counseling Center					
Career Guidance Center					
Admissions Office					
Records Office					
Job Placement Office					
Library					
Individualized Learning Center (ILC)					
Bookstore					
Student Activities Office					
Public Safety Office (Campus Security)					
Business Office/ Cashier					
Cafeteria					
Student Financial Services					

INFORMATION ON RESPONDENTS

The following information will be used to help us describe the people who answered these questions. Please check **ALL** of the following that apply to you.

(27) How did you first hear about the Business Administration program? Please check **ALL** of the following that apply.

______friend or family member
______high school counselor
______high school teacher
______high school College Day
______media advertisements (newspaper, radio, TV
______employer
______admissions counselor
______advisor for another FTCC program
______other: (specify)______________________________

FINANCIAL AID

(28) _____I did not receive any type of financial aid from FTCC.
_____I received some type of financial aid from FTCC.
Name the type of aid_____________________________.

EMPLOYMENT

(29) Check one, please.

_____I was a full-time employee during most of my time in the Business Administration program.
_____I was a part-time employee during most of my time in the Business Administration program.
_____I was NOT employed while I was in the Business Administration program.

PREVIOUS EDUCATION

(30) Please check ALL that were true for you about your educational level before beginning Business Administration courses.
_____I had no prior college training.
_____I had had other college training, but I had not completed a college degree.
_____I had a vocational diploma from Forsyth Tech. or another community college.
_____I had a 2-year degree from Forsyth Tech. or another community college.
_____I had a 4-year degree.

SUBSEQUENT EDUCATION

(31) Did you complete a four-year degree after graduating from FTCC?
_____YES (go to #32) _____NO (go to #34)

(32) In what field did you receive the four-year degree?

(33) Did you receive transfer credit toward your four-year degree from the courses you took at FTCC?
_____YES _____NO

(34) Have you completed any further training(workshops, seminars, specialized courses) since graduating from FTCC.
_____YES _____NO
If YES, please describe this training.

RACE

(35) Check one:

_____White _____American Indian _____Hispanic
_____Black _____Asian _____Other

AGE UPON ENTRANCE TO CURRICULUM

(36) I was _____ years old when I began the Business Administration program.

STUDENT STATUS

(37) _____I was a full-time student (12 or more quarter hours) while attending Business Administration classes.
_____I was a part-time student (1-11 quarter hours) while attending Business Administration classes.

SALARY RANGE

(38) This information will be kept strictly confidential. It will be used to counsel applicants to the program. Excluding overtime, what is your current salary?

___ Under $10,000
___ $10,000 - $14,999
___ $15,000 - $19,999
___ $20,000 - $24,999
___ $25,000 - $29,999
___ $30,000 - $34,999
___ $35,000 and above

Thank you for taking time to complete this questionnaire. Please place it in the envelope provided and mail it to:

Dr. Susan R. Allred
Dean of Program Assessment
Forsyth Technical Community College
2100 Silas Creek Parkway
Winston-Salem, NC 27103

PROGRAM EVALUATION
WELDING
GRADUATES' QUESTIONNAIRE

Please check (✓) the answers that best represent your opinions about each question. In some cases, you may be asked to write a few words to answer a question. Please feel free to write comments any time you wish.

Although you may omit any question that you prefer not to answer, please try to answer every question.

EMPLOYMENT

(1) What is your present employment status?

_____I am unemployed (skip to #3).

_____I am employed but not in a job related to my training in the Welding program (skip to #3).

_____I am employed in a job related to my training in the Welding program (go to #2).

_____I am currently seeking a position in the Welding field. With whom? ____________________________

____

(go to #3)

(2) We would like to conduct a survey of employers to help us evaluate the Welding program. We would appreciate your providing the following information so that your employer may participate in this study.

Name of your current employer________________________________

Your supervisor's name______________________________________

Employer's address____

____(zip)

Supervisor's business phone number__________________________

Now please skip to #5.

(3) If you are not working at present or not working at a job directly related to your training in the Welding program, have you been employed in the field at any time since graduation?

_____YES _____NO

(4) If your present job is not directly related to your training in the program, has your training been useful in your present job?

_____YES _____NO

(5) What is your present job title?________________________

(6) Do you feel that your training in the Welding program prepared you for an entry-level position in the Welding field?
_____YES _____NO If no, why not?

PROGRAM QUALITY

(7) How would you rate the overall quality of the Welding program?
_____Excellent _____Good _____Fair _____Poor

COURSES

(8) Please rate the quality of content and quality of instruction for each of the following courses. You will need to place two checks beside each course, one for content and one for instruction.
E = Excellent G = Good F = Fair P = Poor NT = Not Taken

COURSES	CONTENT					INSTRUCTION				
	E	G	F	P	NT	E	G	F	P	NT
Mechanical Drawing I										
Fundamentals of Mathematics										
Human Relations										
Oxyacetylene Welding & Cutting										
Blueprint Reading: Welding										
Communications I										
Applied Science I										
Basic Arc Welding										
Communications II										
Metallurgy for Welders										
Inert Gas Welding										
Advanced Arc Welding										
Small Business Operations										
Machine Shop Processes										
Mechanical Testing and Inspection										
Advanced Inert Gas Welding										
Welding Procedures and Practices										

(9) Look below at the same list of courses and indicate if each one has been useful to you in your job (even if indirectly), if you would have liked to spend more time in each course, and if the content of each course was up to date. You will need to check yes or no three times for each course.

COURSE	USEFUL?		MORE TIME?		UP-TO-DATE?	
	Yes	No	Yes	No	Yes	No
Mechanical Drawing I						
Fundamentals of Mathematics						
Human Relations						
Oxyacetylene Welding and Cutting						
Blueprint Reading: Welding						
Communications I						
Applied Science I						
Basic Arc Welding						
Communications II						
Metallurgy for Welders						
Inert Gas Welding						
Advanced Arc Welding						
Small Business Operations						
Machine Shop Processes						
Mechanical Testing and Inspection						
Advanced Inert Gas Welding						
Welding Procedures and Practices						

(10) Are there any areas of instruction that should be added to the Welding program? If so, please list them.

(11) Looking back again at the list of courses in #9, are there any that should be taken out of the Welding program? If so, please list them.

FACILITIES

(12) The facilities used by a program include the classroom, labs, shops, and any off-campus teaching sites. Based on your experience, would you say that the facilities used by the Welding program were
_____generally adequate or _____not adequate

(13) What changes could be made in the facilities used by the Welding program that would, in your opinion, make the Welding program better? Check any change(s) below that you agree with.
_____More up-to-date shops/labs are needed.
_____More space is needed.
_____Additional classrooms are needed.
_____On campus space is needed to add training in
____
_____Other change:____________________________
_____No changes are recommended.

EQUIPMENT

(14) Did you train on equipment as modern as the equipment you use in your Welding job?
_____YES _____NO _____I'm not employed in a Welding job.

(15) Was there an adequate supply of the equipment you used in your classes?
_____YES _____NO

(16) Please recommend any additional equipment that would improve the Welding training for the current students.

PROGRAM QUALITY

(17) What do you think was the strongest or best part of the Welding program?

(18) What area of the Welding program do you think needs the most improvement?

(19) How might the training offered by the Welding program need to change to meet the needs of graduates in the next five to ten years?

ADMISSIONS REQUIREMENTS

(20) In your opinion, were the admissions requirements for the Welding program: (Please check the one with which you most agree.)

_____too low, so that people are admitted to courses before they have the necessary skills to be successful
_____just about right
_____too high, so that people with adequate reading, writing, or math skills are kept out of courses
_____don't know

(21) What changes would you recommend in the admissions requirements if you think changes are necessary? Please be specific.

(22) Did you take any Pre-Technical courses to prepare for this program?

_____YES	_____NO	_____DON'T KNOW
(go to #22)	(go to #23)	(go to #23)

(23) Were your Pre-Technical courses good preparation for the Welding program?

_____YES _____NO _____DON'T KNOW

OTHER PROGRAMS AND SERVICES

(24) Please rate the following services or programs that were available to you as a Forsyth Tech student. Check DON'T KNOW if you had no experience with the program or service.

	Excellent	Good	Fair	Poor	Don't Know
Academic advising					
Counseling Center					
Career Guidance Center					
Admissions Office					
Records Office					
Job Placement Office					
Library					
Individualized Learning Center (ILC)					
Bookstore					
Student Activities Office					
Public Safety Office (Campus Security)					
Business Office/ Cashier					
Cafeteria					
Student Financial Services					

INFORMATION ON RESPONDENTS

Please check ALL of the following that describe you.

(25) How did you first hear about the Welding program?

_____friend or family member
_____high school counselor
_____high school teacher
_____high school College Day
_____media advertisements (newspaper, radio, TV
_____employer
_____admissions counselor
_____advisor for another FTCC program
_____other:_______________________________________

PREVIOUS EDUCATION

(26) Please check all that are true.

_____I had other college training prior to coming to Forsyth Tech, but I had not completed a college degree.
_____I had a college degree before coming to Forsyth Tech.
_____I had a vocational diploma from Forsyth Tech or another community college before beginning the Welding program.
_____I had another degree from Forsyth Tech before entering the Welding program.
_____I had no prior college training before entering the Welding program.

(27) Did you have any military experience before attending FTCC?
_____YES (go to #28)   _____NO (go to #29)

(28) If YES, did you have any training in welding?
_____ YES   _____NO

ATTENDANCE

(29) I was a
_____night student
_____day student

FINANCIAL AID

(30) Did you receive financial aid or a scholarship while attending FTCC?
_____YES   _____NO

EMPLOYMENT

(31) Check one, please.

_____I was a full-time employee during most of my time in the Welding program.
_____I was a part-time employee during most of my time in the Welding program.
_____I was NOT employed while I was in the Welding program.

RACE

(32) Check one:

_____White   _____American Indian   _____Hispanic
_____Black   _____Asian   _____Other

AGE

(33) How old were you when you began the Welding program? _____

SALARY RANGE

(34) This information will be kept strictly confidential. It will be used to counsel applicants to the program. Excluding overtime, what is your current salary?

___ Under $10,000
___ $10,000 - $14,999
___ $15,000 - $19,999
___ $20,000 - $24,999
___ $25,000 - $29,999
___ $30,000 - $34,999
___ $35,000 and above

Are you aware that FTCC has added an advanced diploma program? If not, please contact the welding instructors for further information. (919-723-0371, ext. 275)

Thank you for taking time to complete this questionnaire. Please place it in the envelope provided and mail it to:

Dr. Susan R. Allred
Dean of Program Assessment
Forsyth Technical Community College
2100 Silas Creek Parkway
Winston-Salem, NC 27103

PROGRAM EVALUATION
BUSINESS ADMINISTRATION
FACULTY QUESTIONNAIRE

The questionnaire deals with a number of different topics. It asks for written answers in some cases and checked ( ) answers in others. Please write comments about any question, as you wish.

Although you may omit any question you would prefer not to answer, please try to answer them all. Your opinions are a vital part of the total program evaluation of the Business Administration program.

PROGRAM OBJECTIVES

(1) Is the Business Administration program based on a formal list of objectives or competencies (student outcomes)?
_____YES _____No
(go to #4.) (go to #2.)

(2) Are there plans to incorporate a student outcomes' approach to this program? Explain.

(3) If the Business Administration program does NOT have written objectives or competencies, please list what you consider to be the broad operational objectives of the program. (Then skip to question #5.)

(4) If the program does have written objectives or competencies, in what document are they listed? Please attach a copy of those objectives.

(5) Do you think the program is meeting its objectives? Please explain your answer.

PROGRAM QUALITY

(6) How would you rate the overall quality of content in the:

Business Administration courses?
_____Excellent _____Good _____Fair _____Poor

Related Courses?
_____Excellent _____Good _____Fair _____Poor

(7) What do you think is the strongest or best part of the Business Administration program?

(8) What area of the Business Administration program needs the most improvement? Please explain.

COORDINATION WITH OTHER PROGRAMS

(9) Describe how much interaction and/or communication you have with faculty members from related areas who teach your students.

JOB SKILLS

(10) What kinds of jobs can Business Administration graduates compete for?

(11) List the specific job skills graduates should acquire from the Business Administration program?

COMMUNITY NEEDS

(12) What specific training needs in the service area does the Business Administration program address?

(13) What needs in the service area does the program not address? Why?

(14) What changes have been made in the program in the last five years in response to changing needs in the service area?

(15) What adjustments are planned in the next five years in the Business Administration program to meet anticipated changes in the job market?

COURSES **(Please refer to the attached curriculum sheet to answer the questions in this section.)**

(16) What courses need to be updated or revised in content? Explain.

(17) What courses could be deleted or changed substantially?

(18) Are there any courses or training areas that should be added?

QUALITY OF INSTRUCTION

(19) How would you rate the overall quality of instruction available in the

Business Administration courses:
___ Excellent ___ Good ___ Fair ___ Poor

Related courses:
___ Excellent ___ Good ___ Fair ___ Poor

FACILITIES

(20) Check one in the first group:
_____The program facilities (classrooms, labs) are generally adequate.
_____The program facilities are generally not adequate.

Check any that apply:
_____More up-to-date labs are needed.
_____More space is needed.
_____Additional classrooms are needed.
_____On-campus space is needed to add training in

____
_____No changes are recommended.

EQUIPMENT

(21) Does the Business Administration program currently have an adequate supply of equipment for use by its students?
_____YES _____NO

(22) Is the equipment up-to-date?
_____YES _____NO

(23) What changes (additions or deletions) do you recommend making in the equipment used by the program?

PERSONNEL

(24) Check the statement that best describes the staffing level of your program.
___ The program is fully staffed with enough coverage to allow for growth.
___ The program is fully staffed for current needs only.
___ The program is presently understaffed.

(25) Please list the following data about your academic and professional backgrounds:

EARNED DEGREE(s)	FIELD	YEAR

(26) How many years of educational experience do you have? _____

How many years of business experience do you have? _____

What kind of business experience do you have?

(27) List any professional organizations in which you are a member.

(28) What additional training or academic preparation related to the courses you teach in the Business Administration program would you like to have?

ADMISSIONS REQUIREMENTS

(29) Please check the one statement that most closely matches your thoughts about admissions requirements for the Business Administration program.

_____ Admissions requirements are too low, so that people are admitted to courses before they have the skills to handle them.
_____ Admissions requirements are just about right.
_____ Admissions requirements are too high, so that people with adequate reading, writing, or math skills are kept out of courses.
_____ Other:____

(30) What changes, if any, would you recommend in the admissions requirements?

(31) Are the Pre-Technical courses adequate preparation for the Business Administration courses?
_____YES _____NO

OTHER PROGRAMS AND SERVICES

(32) Please rate the following programs or services available to Business Administration students or relevant to the program. Check one block for each line.

	Excellent	Good	Fair	Poor	Not Observed
Recruiting					
Program marketing					
Library					
Individualized Learning Center (ILC)					
Admissions Office					
Records Office					
Job Placement Office					
Student Financial Services					
Career Guidance Center					
Academic Advising					
Bookstore					

Thank you for your honest and open responses to these questions. Please take a few minutes now to check that you have added comments on any points that you wanted to say more about. Then return the questionnaire to Susan Allred.

PROGRAM EVALUATION
MECHANICAL DRAFTING & DESIGN TECHNOLOGY
FACULTY QUESTIONNAIRE

The questionnaire deals with a number of different topics. It asks for written answers in some cases and checked (✓) answers in others. Please write comments about any question, as you wish.

Although you may omit any question you would prefer not to answer, please try to answer them all. Your opinions are a vital part of the total program evaluation of the Mechanical Drafting program.

PROGRAM QUALITY

(1) How would you rate the overall quality of the MDDT program?
____Excellent ____Good _____Fair ____Poor

PROGRAM OBJECTIVES

(2) Does the MDDT program have written objectives or competencies?
_____YES _____No
(go to #4) (go to #3)

(3) If the MDDT program does NOT have written objectives or competencies, please list what you consider to be the broad operational objectives of the program. Then skip to question #5.

(4) If the program does have written objectives or competencies, in what document are they listed? Please attach a copy if you have one.

JOB SKILLS

(5) What kinds of jobs can MDDT graduates compete for?

(6) What job skills can graduates expect to acquire from the MDDT program?

(7) What specific training needs in the service area does the MDDT program address?

(8) What unmet needs in the service area could the program address?

(9) What changes have been made in the program in the last five years in response to changing needs in the service area?

COURSES

(10) Please rate the quality of content of each of the following courses.
Excellent=E Good=G Fair=F Poor=P Not Observed=N

	E	G	F	P	N
FIRST QUARTER					
Technical Drafting					
Computer Grapics					
Introduction to Written Communications					
Technical Mathematics I					
Machine Processes I					
SECOND QUARTER					
Technical Drafting II					
Composition					
Technical Mathematics II					
Machine Processes II					
Physics - Mechanics					
THIRD QUARTER					
Technical Drafting III					
Technical Reporting Writing					
Technical Mathematics III					
Manufacturing Processes I					
Physics - Materials & Heat					
FOURTH QUARTER					
Design Drafting I					
Dimensioning & Tolerancing					
Applied Mechanics					
Ferrous Metallurgy					
Fluid Power					
FIFTH QUARTER					
Descriptive Geometry					
Design Drafting II					
Strength of Materials					
Physics - Electricity					

	E	G	F	P	N
SIXTH QUARTER					
Mechanisms					
Design Drafting III					
Oral Communication					
Industrial Organization and Management					
Control Systems					

	E	G	F	P	N
SEVENTH QUARTER					
Jig and Fixture Design					
Product Design					
Computer Graphics Design					
Economics I					
Applied Psychology					

(11) Referring to the list of courses in #10, are there any that are, in your opinion, no longer appropriate for the MDDT program? If so, please list them and explain why.

(12) Referring to the list of courses in question #10, are there any courses that you would like to see updated?

(13) Are there any courses or training areas that should be added to the MDDT program?

FACILITIES

(14) Check one in the first group:

_____The program facilities (classrooms, labs) were generally adequate.

_____The program facilities were generally not adequate.

Check any that apply:
_____More up-to-date labs are needed.
_____More space is needed.
_____Additional classrooms are needed.
_____On-campus space is needed to add training in

____

_____No changes are recommended.

EQUIPMENT

(15) Does the MDDT program currently have an adequate supply of equipment for use by its students?
_____YES _____NO

(16) Is the equipment up-to-date?
_____YES _____NO

(17) What changes (additions or deletions) do you recommend making in the equipment used by the program?

PERSONNEL

(18) Please briefly describe your academic background and professional training that are relevant to the courses you teach in the MDDT program.

(19) What additional training or academic preparation related to the courses you teach in the MDDT program would you like to have?

QUALITY OF INSTRUCTION

(20) What grade would you give the overall quality of the instruction available in the MDDT program?

_____A _____B _____C _____D _____F

PROGRAM QUALITY

(21) What do you think is the strongest or best part of the MDDT program?

(22) What changes do you predict will be needed in the program to meet the demands of the next 5-10 years?

ADMISSIONS REQUIREMENTS

(23) Please check the one statement that most closely matches your thoughts about admissions requirements for the MDDT program.

_____ Admissions requirements are too low, so that people are admitted to courses before they have the skills to handle them.
_____ Admissions requirements are just about right.
_____ Admissions requirements are too high, so that people with adequate reading, writing, or math skills are kept out of courses.
_____ Other:_______________________________________

(24) What changes, if any, would you recommend in the admissions requirements?

(25) Are the Pre-Technical courses taken by some MDDT students adequate preparation for the MDDT courses they precede?
_____YES _____NO

OTHER PROGRAMS AND SERVICES

(26) Please rate the following programs or services available to MDDT students or relevant to the program. Check one block for each line.

	Excellent	Good	Fair	Poor	Not Observed
Recruiting					
Program marketing					
Library					
Individualized Learning Center (ILC)					
Admissions Office					
Records Office					
Job Placement Office					
Student Financial Services					
Career Guidance Center					
Academic Advising					
Bookstore					

(27) If you are a faculty member from a related area who teaches in the MDDT program, describe what interaction and/or communication you have with the MDDT instructors.

Thank you for your honest and open responses to these questions. Please take a few minutes now to check that you have added comments on any points that you wanted to say more about. Then return the questionnaire to Susan Allred.

PROGRAM EVALUATION
BUSINESS ADMINISTRATION
RELATED FACULTY QUESTIONNAIRE

This questionnaire asks for written answers in some cases and checked ( ) answers in others. Please write comments about any question, as you wish.

Although you may omit any question you would prefer not to answer, please try to answer them all. Your opinions are a vital part of the total program evaluation of the Business Administration program.

FACULTY PROFILE

(1) What courses do you teach to Business Administration students?

(2) Do you feel that the courses you teach need revised in any way to meet the needs of the Business Administration students? If yes, how?

(3) Please list the following information:

EARNED DEGREE(s)	FIELD	YEAR

(4) How many years of educational experience do you have?______

How many years of business experience do you have? ______

What kind of business experience do you have?

(5) List any professional organizations in which you are a member.

(6) What additional training or academic preparation related to the courses you teach in the Business Administration program would you like to have?

INTERACTION WITH BUSINESS ADMINISTRATION FACULTY AND STUDENTS

(7) As a faculty member from a related area who teaches in the Business Administration program, what interaction and/or communication do you have with the Business Administration instructors?

(8) Do you need more opportunities for interaction?
_____YES _____NO Please explain.

(9) From your observations of the Business Administration program, can you provide any additional comments that would be helpful in its evaluation? Please list them below.

(10) Do you find that Business Administration students are adequately prepared (essential educational/skill background) for your classes?

_____Always _____Almost always _____Sometimes

_____Almost Never _____Never

OTHER PROGRAMS AND SERVICES

(11) Please rate the following programs or services available to Business Administration students or relevant to the program. Check one block for each line.

	Excellent	Good	Fair	Poor	Not Observed
Recruiting					
Program marketing					
Library					
Individualized Learning Center (ILC)					
Admissions Office					
Records Office					
Job Placement Office					
Student Financial Services					
Career Guidance Center					
Academic Advising					
Bookstore					

Thank you for your honest and open responses to these questions. Please return the questionnaire to Susan Allred.

PROGRAM EVALUATION
BUSINESS ADMINISTRATION
THE DEPARTMENT HEAD QUESTIONNAIRE

Please place a check ( ) beside the answer you wish to select when options are given. On all other questions, a short written answer will suffice. Additional comments may be made to any answer.

PROGRAM OBJECTIVES

(1) Is the Business Administration program based on a formal list of written objectives or competencies (student outcomes)?

_____YES (Go to #3.)   _____NO (Go to #2.)

(2) Are there plans to incorporate a student outcomes' approach to this program? Explain. (Go to #4.)

(3) If the program does have written objectives or competencies, please attach a copy of that document. Then skip to question #4.

(4) If the program does NOT have written objectives or competencies, please list what you consider to be the broad operational objectives of the program.

(5) Please describe briefly how the Business Administration program supports the mission of Forsyth Tech. (The mission statement from the Long Range Plan (1985-1990) is attached.)

(6) Based on the information you gathered for question #3 or listed for question #4, please assess briefly how well the program is meeting its own objectives.

PROGRAM QUALITY

(7) How would you rate the overall quality of content in the:

Business Administration courses?
_____Excellent _____Good _____Fair _____Poor

Related Courses?
_____Excellent _____Good _____Fair _____Poor

(8) What is the strongest or best part of the Business Administration program?

(9) What area of the Business Administration program needs the most improvement? Please explain.

COORDINATION WITH OTHER PROGRAMS

(10) Please describe the relationship of the Business Administration program to other programs at Forsyth Tech. Include the sharing of personnel with other programs and/or any deliberate efforts to coordinate this program with others on campus.

(11) In what ways could this program be strengthened through better coordination with other Forsyth Tech. programs?

(12) Describe how much interaction and/or communication you have with faculty members from related areas who teach in your program.

COMMUNITY NEEDS

(13) What specific needs in the service area does this program address?

(14) What needs in the service area does the program not address? Why?

(15) What changes in the program have been made in the last five years in response to needs in the service area?

(16) What adjustments are planned in the next five years in the Business Administration program to meet anticipated changes in the job market?

JOB SKILLS

(17) What kinds of jobs can Business Administration graduates compete for?

(18) List the specific job skills graduates should acquire from the Business Administration program?

ADVISORY COMMITTEE

(19) Please describe what the advisory committee does for the program.

(20) About how often does the advisory committee meet?

_____once every other year
_____once a year
_____twice a year
_____more than twice a year

(21) What could the advisory committee be doing to provide more support to the Business Administration program?

(22) What changes in the structure of the advisory committee would be helpful?

PERSONNEL

(23) Please check the statement that best describes the staffing level of your program:

_____The program is fully staffed with enough coverage to allow for growth of the program.
_____The program presently has enough staff to handle only immediate needs with no room for growth.
_____The program is presently understaffed.

(24) Please list the following information:

EARNED DEGREE(s)	FIELD	YEAR

(25) How many years of educational experience do you have? _____

How many years of business experience do you have? _____

What kind of business experience do you have?

(26) List any professional organizations in which you are a member.

(27) What additional training or academic preparation related to the courses you teach in the Business Administration program would you like to have?

COURSES **(Please refer to the attached curriculum sheet to answer the questions in this section.)**

(28) What courses need to be updated or revised in content? Explain.

(29) What courses could be deleted or changed substantially?

(30) Are there courses or areas of training that should be added?

(31) Please write below any comments you have about courses taught by related faculty.

QUALITY OF INSTRUCTION

(32) How would you rate the overall quality of instruction available in the Business Administration courses?

Business Administration courses:
_____Excellent _____Good _____Fair _____Poor

Related courses:
_____Excellent _____Good _____Fair _____Poor

FACILITIES

(33) Check one of the following that applies:
_____The program facilities (classrooms, labs) are generally adequate.
_____The program facilities are generally not adequate.

Check any of the following that apply:
_____More up-to-date labs are needed.
_____More space is needed.
_____Additional classrooms are needed.
_____On-campus space is needed to add training in
____
_____No changes are recommended.

EQUIPMENT

(34) Does the program currently have an adequate supply of equipment for use by its students?

_____YES _____NO

(35) Is the equipment up to date?

_____YES _____NO

(36) What changes (additions or deletions) do you recommend in the equipment used by the program?

ADMISSIONS REQUIREMENTS

(37) Please check the one statement that most closely matches your thoughts about admissions requirements for the Business Administration program.

_____Admissions requirements are too low, so that people are admitted to courses before they have the skills to handle them.
_____Admissions requirements are just about right.
_____Admissions requirements are too high, so that people with adequate reading, writing, or math skills are kept out of courses.
_____Other:_______________________________________

(38) What changes, if any, would you recommend in the admissions requirements?

(39) Are the Pre-Technical courses often taken by some Business Administration students adequate preparation for the courses they precede?

_____YES _____NO If no, why not?______________________

OTHER PROGRAMS AND SERVICES

(40) Please rate the following programs or services available to Business Administration students or relevant to the program. Check one block for each service.
Excellent=E Good=G Fair=F Poor=P Not Observed=N

	E	G	F	P	N
Recruiting					
Program marketing					
Library					
Individualized Learning Center (ILC)					
Admissions Office					
Records Office					
Job Placement Office					
Bookstore					
Career Guidance Center					
Student Financial Services					
Academic Advising					

(41) If you have any additional comments, please list them below.

Thank you for your open and honest answers to these questions. Please return the questionnaire to Susan Allred.

PROGRAM EVALUATION
MECHANICAL DRAFTING & DESIGN TECHNOLOGY
THE DEPARTMENT HEAD QUESTIONNAIRE

Please place a check (✓) beside the answer you wish to select when options are given. On all other questions, a short written answer will suffice. Additional comments may be made to any answer.

PROGRAM OBJECTIVES

(1) Does the MDDT program have written objectives or competencies?
_____YES _____NO
(go to #2) (go to #3)

(2) If the program does have written objectives or competencies, please attach a copy of that document. Then skip to question #4.

(3) If the program does NOT have written objectives or competencies, please list what you consider to be the broad operational objectives of the program.

(4) Please describe briefly how the MDDT program supports the mission of Forsyth Tech. (The mission statement from the Long Range Plan (1985-1990) is attached.)

(5) Based on the information you gathered for question #2 or listed for question #3, please assess briefly how well the program is meeting its own objectives.

COORDINATION WITH OTHER PROGRAMS

(6) Please describe the relationship of the MDDT program to other programs at Forsyth Tech. Include the sharing of personnel with other programs and/or any deliberate efforts to coordinate this program with others on campus.

(7) In what ways could the MDDT program be strengthened through better coordination with other Forsyth Tech programs?

(8) Describe how much interaction and/or communication you have with faculty members from related areas who teach in your program.

PROGRAM QUALITY

(8) How would you rate the overall quality of the MDDT program?
_____Excellent _____Good _____Fair _____Poor

COMMUNITY NEEDS

(9) What specific needs in the service area does this program address?

(10) What unmet needs in the service area could the program address?

(11) What changes in the program have been made in the last five years in response to needs in the service area?

(12) What adjustments will be needed in the MDDT program to meet coming changes in the job market?

(13) What additional changes do you predict for this program over the next 5-10 years?

JOB SKILLS

(14) What kinds of jobs can MDDT graduates compete for?

(15) What job skills can graduates expect to acquire from the MDDT program?

ADVISORY COMMITTEE

(16) Please describe what the advisory committee does for the program.

(17) About how often does the advisory committee meet?
_____once every other year
_____once a year
_____twice a year
_____more than twice a year

(18) What could the advisory committee be doing to provide more support to the MDDT program?

(19) What changes in the structure of the advisory committee would be helpful?

PERSONNEL

(20) Please check the statement that best describes the staffing level of your program:
_____The program is presently overstaffed.
_____The program is fully staffed with enough coverage to cover only immediate needs with no room for growth.
_____The program is presently understaffed.

(21) Please identify any areas for which you think the faculty or staff of this program could use additional training in order to improve the program.

(22) What changes in number or training of personnel for this program do you anticipate as you examine the program for growth patterns?

(23) Please write below any comments you have about courses taught by related faculty.

COURSES

(24) Please rate the appropriateness of the content of each course by checking one of the first two blocks and the up-to-dateness of each by checking one of the last two blocks for each course.

FIRST QUARTER	CONTENT APPROPRIATE? YES	NO	UP-TO-DATE? YES	NO
Technical Drafting I				
Computer Graphics				
Introduction to Written Communication				
Technical Mathematics I				
Machine Processes I				

SECOND QUARTER	CONTENT APPROPRIATE? YES	NO	UP-TO-DATE? YES	NO
Technical Drafting II				
Composition				
Technical Mathematics II				
Machine Processes II				
Physics - Mechanics				

THIRD QUARTER	CONTENT APPROPRIATE? YES	NO	UP-TO-DATE? YES	NO
Technical Drafting III				
Technical Report Writing				
Technical Mathematics III				
Manufacturing Processes I				
Physics - Materials & Heat				

FOURTH QUARTER	CONTENT APPROPRIATE? YES	NO	UP-TO-DATE? YES	NO
Design Drafting I				
Dimensioning & Tolerancing				
Applied Mechanics				
Ferrous Metallurgy				
Fluid Power				

FIFTH QUARTER

	CONTENT APPROPRIATE?		UP-TO-DATE DATE?	
	YES	NO	YES	NO
Descriptive Geometry				
Design Drafting II				
Strength of Materials				
Physics - Electricity				

SIXTH QUARTER

Mechanisms				
Design Drafting III				
Oral Communication				
Industrial Organization and Management				
Control Systems				

SEVENTH QUARTER

Jig And Fixture Design				
Product Design				
Computer Graphics Design				
Economics I				
Applied Psychology				

(25) What course or courses would you like to update?

(26) What course or courses do you think could be deleted or changed substantially?

(27) Are there courses or areas of training that you believe should be added?

QUALITY OF INSTRUCTION

(28) What grade would you give the overall quality of instruction available in the MDDT program?
_____A _____B _____C _____D _____F

FACILITIES

(29) Check one of the following that applies:
_____The program facilities (classrooms, labs) were generally adequate.
_____The program facilities were generally not adequate.

Check any of the following that apply:
_____More up-to-date labs are needed.
_____More space is needed.
_____Additional classrooms are needed.
_____On-campus space is needed to add training in
____
_____No changes are recommended.

EQUIPMENT

(30) Does the program currently have an adequate supply of equipment for use by its students?
_____YES _____NO

(31) Is the equipment up to date?
_____YES _____NO

(32) What changes (additions or deletions) do you recommend in the equipment used by the program?

PROGRAM QUALITY

(33) What do you think is the strongest or best part of the MDDT program?

(34) What area of the MDDT program do you think needs the most improvement? Why?

(35) In preceding questions you have had opportunities to identify changes in or chances for growth for the program. Are there additional changes or growth areas you would like to identify?

ADMISSIONS REQUIREMENTS

(36) Please check the one statement that most closely matches your thoughts about admissions requirements for the MDDT program.

_____Admissions requirements are too low, so that people are admitted to courses before they have the skills to handle them.
_____Admissions requirements are just about right.
_____Admissions requirements are too high, so that people with adequate reading, writing, or math skills are kept out of courses.
_____Other:____

(37) What changes, if any, would you recommend in the admissions requirements?

(38) Are the Pre-Technical courses often taken by some MDDT students adequate preparation for the courses they precede?
_____YES _____NO If no, why not?_______________________

____

OTHER PROGRAMS AND SERVICES

(39) Please rate the following programs or services available to MDDT students or relevant to the program. Check one block for each line.
Excellent=E Good=G Fair=F Poor=P Not Observed=N

	E	G	F	P	N
Recruiting					
Program marketing					
Library					
Individualized Learning Center (ILC)					
Admissions Office					
Records Office					
Job Placement Office					
Bookstore					
Career Guidance Center					
Student Financial Services					

(40) If you have any additional comments, please list them below.

Thank you for your open and honest answers to these questions. Please return the questionnaire to Susan Allred.

PROGRAM EVALUATION
BUSINESS ADMINISTRATION
DEAN'S QUESTIONNAIRE

Please place a check ( ) beside the answer you wish to select when there are options to choose. On all other questions, a short written answer will suffice. Your comments may be added to any answer.

PROGRAM OBJECTIVES

(1) Is the Business Administration program based on written objectives or competencies (student outcomes)?

_____YES _____NO

(Go to #3.) (Go to #2.)

(2) Are there plans to incorporate a student outcomes' approach to this program? Explain. (Go to #4.)

(3) If the program does have written objectives or competencies, please attach a copy of that document. Then skip to question #5.

(4) If the program does NOT have written objectives or competencies, please list what you consider to be the broad operational objectives of the program.

(5) Please describe briefly how the Business Administration program supports the mission of Forsyth Tech. (The mission statement from the 1985-1990 Long Range Plan is attached.)

(6) Based on the information you gathered for question #3 or listed for question #4, please assess briefly how well the program is meeting its own objectives.

PROGRAM QUALITY

(7) How would you rate the overall quality of content in the:

Business Administration courses?

___Excellent ___Good ___Fair ___Poor

Related courses?
___Excellent ___Good ___Fair ___Poor

(8) What is the strongest or best part of the Business Administration program?

(9) What area of the Business Administration program needs the most improvement? Why?

COORDINATION WITH OTHER PROGRAMS

(10) Please describe the relationship of the Business Administration program to other programs at Forsyth Tech. Include its place in the administrative structure, any personnel shared with other programs, and/or any deliberate efforts to coordinate this program with others on campus.

(11) In what ways could this program be strengthened through better coordination with other Forsyth Tech. programs?

COMMUNITY NEEDS

(12) What specific needs in the service area does this program address?

(13) What needs in the service area does the program not address? Why?

(14) What changes in the program have been made in the last five years in response to needs in the service area?

(15) What adjustments are planned in the next five years in the Business Administration program to meet anticipated changes in the job market?

ARTICULATION AGREEMENTS

(16) What articulation agreements exist between the program and

local high schools:

four-year institutions:

ADVISORY COMMITTEE

(17) Please describe what the advisory committee does for the program.

PERSONNEL

(18) Please check the statement that best describes the staffing level of your program.

_____The program is fully staffed with enough coverage to allow for growth of the program.
_____The program presently has enough staff to cover only immediate needs with no room for growth.
_____The program is presently understaffed.

(19) Please identify any areas in which you think the faculty or staff of this program could use additional training in order to improve the program.

(20) What changes in number or training of personnel for this program do you anticipate as you examine the program's growth pattern?

COURSES

(21) What changes in the courses or curriculum content are being considered?

QUALITY OF INSTRUCTION

(22) How would you rate the overall quality of the instruction available in the

Business Administration courses?
_____Excellent _____Good _____Fair _____Poor

Related courses?
_____Excellent _____Good _____Fair _____Poor

FACILITIES

(23) Check one of the following that applies:
___The program facilities (classrooms, labs) are generally adequate.
___The program facilities are generally not adequate.

Check any of the following that apply:
___More up-to-date labs are needed.
___More space is needed.
___Additional classrooms are needed.
___On-campus space is needed to add training in ___________
____
___No changes are recommended.

EQUIPMENT

(24) Does the program currently have an adequate supply of equipment for use by its students?
_____YES _____NO

(25) Is the equipment up-to-date?
______YES _____NO

(26) What changes (additions or deletions) do you recommend in the equipment used by the program?

ADMISSIONS REQUIREMENTS

(27) Please check the one statement that most closely matches your thoughts about admissions requirements for the Business Administration program.

_____ Admissions requirements are too low, so that people are admitted to courses before they have the skills to handle them.
_____ Admissions requirements are just about right.
_____ Admissions requirements are too high, so that people with adequate reading, writing, or math skills are kept out of courses.
_____ Other:____

(28) What changes, if any, would you recommend in the admissions requirements?

OTHER PROGRAMS OR SERVICES

(29) Please rate the Forsyth Tech. services listed below as they relate to the Business Administration program. Check one block for each service.
Excellent=E Good=G Fair=F Poor=F Not Observed=N

	E	G	F	P	N
Recruiting					
Program Marketing					
Library					
Individualized Learning Center (ILC)					
Admissions Office					
Records Office					
Job Placement Office					
Student Financial Services					
Career Guidance Center					
Academic Advising					
Bookstore					

(30) If you have any additional comments or observations about the Business Administration program, please list them below.

Please return the questionnaire in the attached envelope to Susan Allred.

PROGRAM EVALUATION
Mechanical Drafting & Design Technology
DEAN'S QUESTIONNAIRE

Please place a check (✓) beside the answer you wish to select when there are options to choose. On all other questions, a short written answer will suffice. Your comments may be added to any answer.

PROGRAM OBJECTIVES

(1) Does the MDDT program have written objectives or competencies?
_____YES _____NO
(go to #2) (go to #3)

(2) If the program does have written objectives or competencies, please attach a copy of that document. Then skip to question #4.

(3) If the program does NOT have written objectives or competencies, please list what you consider to be the broad operational objectives of the program.

(4) Please describe briefly how the MDDT program supports the mission of Forsyth Tech. The mission statement from the 1985-1990 Long Range Plan is attached.

(5) Based on the information you gathered for question #2 or listed for question #3, please assess briefly how well the program is meeting its own objectives.

COORDINATION WITH OTHER PROGRAMS

(6) Please describe the relationship of the MDDT program to other programs at Forsyth Tech. Include its place in the administrative structure, any personnel shared with other programs, and/or any deliberate efforts to coordinate this program with others on campus.

(7) In what ways could this program be better coordinated with other Forsyth Tech programs?

COMMUNITY NEEDS

(8) What specific needs in the service area does this program address?

(9) What unmet needs in the service area could the program address?

(10) What changes in the program have been made in the last five years in response to needs in the service area?

(11) What adjustments will be needed in the MDDT program to meet coming changes in the job market?

(12) What additional changes do you predict for this program over the next 5-10 years?

ARTICULATION AGREEMENTS

(13) What articulation agreements exist between the program and

local high schools:

four-year institutions:

ADVISORY COMMITTEE

(14) About how often does the advisory committee meet?
_____once every other year
_____once a year
_____twice a year
_____more than twice a year

(15) Please describe what the advisory committee does for the program.

PERSONNEL

(16) Please attach a list of all full-time faculty and staff members associated with the program.

(17) Please check one:

_____The program is presently overstaffed.
_____The program is fully staffed with enough coverage to allow for growth of the program.
_____The program presently has enough staff to cover only immediate needs with no room for growth.
_____The program is presently understaffed.

(18) Please identify any areas in which you think the faculty or staff of this program could use additional training in order to improve the program.

(19) What changes in number or training of personnel for this program do you anticipate as you examine the program's growth pattern?

COURSES

(20) Please check two blocks for each course:

COURSE	CONTENT-APPROPRIATE?		UP-TO-DATE?	
	YES	NO	YES	NO
FIRST QUARTER				
Technical Drafting	___	___	___	___
Computer Grapics	___	___	___	___
Introduction to Written Communications	___	___	___	___
Technical Mathematics I	___	___	___	___
Machine Processes I				

COURSE	CONTENT-APPROPRIATE? YES	CONTENT-APPROPRIATE? NO	UP-TO-DATE? YES	UP-TO-DATE? NO
SECOND QUARTER				
Technical Drafting II	___	___	___	___
Composition	___	___	___	___
Technical Mathematics II	___	___	___	___
Machine Processes II	___	___	___	___
Physics - Mechanics				
THIRD QUARTER				
Technical Drafting III	___	___	___	___
Technical Reporting Writing	___	___	___	___
Technical Mathematics III	___	___	___	___
Manufacturing Processes I	___	___	___	___
Physics - Materials & Heat				
FOURTH QUARTER				
Design Drafting I	___	___	___	___
Dimensioning & Tolerancing	___	___	___	___
Applied Mechanics	___	___	___	___
Ferrous Metallurgy	___	___	___	___
Fluid Power				
FIFTH QUARTER				
Descriptive Geometry	___	___	___	___
Design Drafting II	___	___	___	___
Strength of Materials	___	___	___	___
Physics - Electricity				
SIXTH QUARTER				
Mechanisms	___	___	___	___
Design Drafting III	___	___	___	___
Oral Communication	___	___	___	___
Industrial Organization and Management	___	___	___	___
Control Systems				

SEVENTH QUARTER				
Jig and Fixture Design	___	___	___	___
Product Design	___	___	___	___
Computer Graphics Design	___	___	___	___
Economics I	___	___	___	___
Applied Psychology				

(21) What changes in the course or curriculum content are being considered?

QUALITY OF INSTRUCTION

(22) What grade would you give the overall quality of the instruction available in the MDDT program?
_____A _____B _____C _____D _____F

FACILITIES

(23) Check one of the following that applies:
___The program facilities (classrooms, labs) were generally adequate.
___The program facilities were generally not adequate.

Check any of the following that apply:
___More up-to-date shops or labs are needed.
___More space is needed.
___Additional classrooms are needed.
___On-campus space is needed to add training in ___________
____
___No changes are recommended.

EQUIPMENT

(24) Does the program currently have an adequate supply of equipment for use by its students?
_____YES _____NO

(25) Is the equipment up-to-date?
_____YES _____NO

PROGRAM QUALITY

(26) What do you think is the strongest or best part of the MDDT program?

(27) What area of the MDDT program do you think needs the most improvement? Why?

OTHER PROGRAMS OR SERVICES

(28) Please rate the Forsyth Tech services listed below as they relate to the MDDT program. Check one block for each service.
Excellent=E Good=G Fair=F Poor=F Not Observed=N

	E	G	F	P	N
Recruiting					
Program Marketing					
Library					
Individualized Learning Center (ILC)					
Admissions Office					
Records Office					
Job Placement Office					
Student Financial Services					
Career Guidance Center					
Adademic Advising					
Bookstore					

(29) If you have any additional comments or observations about the MDDT program, please list them below.

Please return the questionnaire in the attached envelope to Susan Allred.

MAYLAND CC

Mayland Community College

Overview

Of

Model For Program Review

Background

The Mayland Community College Program Review Model was designed for a small community college with

1. program size of 10 graduates or fewer per year,
2. three or fewer full-time faculty members per program,
3. close identification of personnel with program, and
4. rural community with student follow-up frequently known by the department head.

This model is designed to be a group process of outcomes assessments which investigates the following areas.

- Student Satisfaction with the program
- Student Knowledge acquired during the college and program experience
- Student Outcomes measured through completion of objectives, completion of program, employment, and employers' satisfactions, and
- Organizational Impact as demonstrated through value and service to the community and college

Purpose

The purpose of program review is to meet the following objectives:

1. to improve the quality of the college's academic offerings;
2. to assess program strengths and weaknesses and to offer recommendations;
3. to determine need, demand, and effectiveness within the college and community;
4. to facilitate planning, decision making, and budgeting at the local level; and
5. to enhance staff awareness and develop competencies in evaluating, planning, and utilizing resources for improved quality.

Structure/Process/Activities

The Program Review Model diagram provides an overview of the structure of this model. Please refer to the diagram.

The following processes and activities are included in each program review.

1. Assemble a Program Evaluation Team (PET) of program head, evaluator, administrator, student and/or graduate, advisory committee member, professional from another community college, and possibly others. Meet as a team three or four times for two hour sessions. Space the meetings 4 to 6 weeks apart to allow for data collection. At the first meeting, ask the team to approve all survey forms.

2. For the purposes of data collection, assign the five divisions of program review to the following members:

   a) Program History - to the department head
   b) Student Knowledge - to the professionals (graduate, professional from another community college, advisory committee member)
   c) Student Satisfaction, Student Outcomes, and Organizational Impact - to Program Evaluator and Administrator

3. During the team meetings, share and discuss data which pertain to one of the five divisions. Have secretary take notes and end each meeting with perceived strengths, weaknesses, and recommendations.

4. Maintain a notebook which contains all information used by the PET, such as the minutes, survey responses, goals, etc.

5. Finalize the report which consists of summary sheet, and a listing of strengths, weaknesses, and recommendations under each of the five division headings of

   Program History,
   Student Satisfaction,
   Student Knowledge,
   Student Outcomes, and
   Organizational Impact.

6. Evaluator, program head, and division head meet to review recommendations, assign responsibilities to appropriate personnel, and establish time frames for completion. Recommendations become part of institutional, department and/or individual goals. Thus, the procedures are incorporated into the planning process.

7. Appropriate personnel submit recommendation completion reports to the appropriate division head by the established follow-up calendar date.

8. Publish summary sheet, strengths, weaknesses, recommendations, and follow-up calendar as the final report. Present to President, distribute to Board of Trustees at regular meeting, send to Department of Community Colleges, and make available for interested personnel.

9. Call the Program Evaluation Team together in six months to evaluate the review process and the status of recommendation follow-ups.

10. Maintain and review quarterly records of enrollment, retention, FTE, and course evaluations for all programs. Maintain excellent lines of communication with President, Dean of Curriculum, and all division heads.

Data Collected

The Program Review Model and the Program Review Guidelines list the types of data that are collected.

The following information is considered critical.

1. All course syllabi/sample exams/textbooks.

2. Course and instructor evaluation summaries for a three year period.

3. Institutional, Departmental, and Individual Goals/Staff Development Plans.

4. Qualifications of faculty.

5. Program strengths and weaknesses completed by

   current students,
   graduates,
   early leavers,
   employers
   advisory committee members,
   faculty members, and
   administrators.

6. Quarterly enrollment and retention reports for a three-five year period.

7. Program completion rates (not precise at this time because of variance in students' completion rates; watch trends of actual numbers of graduates).

8. Licensure/certification/transfer rates for a three-five year period.

9. Tracking of students' completion of objectives (not possible at present).

10. Quarterly FTE reports per program and faculty.

11. Annual program cost for five year period.

12. Documentation of community impact of program.

Reporting and Follow-Up

The reporting and follow-up procedures are described in the Structure/Process/Activities section.

1. Follow-up calendar is established and published.

2. Formal program evaluation reports are presented to the President and to the Board of Trustees.

3. Recommendations become part of Institutional, Departmental or Individual goals and are incorporated into the planning process.

Advantages

1. This is a group process.

2. The program evaluation team provides program expertise.

3. Program head is involved in all areas of the review process. There are no surprises and the program head "buys into" the process.

4. The process provides both quantitative and qualitative data.

5. Final published reports are 8 - 10 pages. Minutes, raw data, survey [illegible]s and summaries of data are filed in notebook in

Program Evaluator's office.

6. This model may work equally well for much larger institutions. It would not be necessary for the Program Evaluator to chair each program review.

Tips

1. Program review should be done with the program, not to the program.
2. Focus should be on positive improvements not negative threats.
3. For small programs, program review is a personal review (one or two faculty), but the Program Evaluation Team must and will ultimately focus on the Program.
4. Allow for flexibility since each Program Evaluation Team is unique.
5. Allow a quarter (three months) to complete a review. Several reviews can be conducted per quarter, depending upon percentage of time the evaluator devotes to program review.
6. Establish 3 or fewer reporting dates for the follow-up calendar. Set dates which coordinate with other reporting dates, such as end-of-quarter reports or planning calendar dates. Confusion arises when personnel must submit reports on various recommendations on several different dates. Cluster reporting dates based on immediate, short-term, and long-term recommendations.
7. Formally present the final report to the President and to Board of Trustees.
8. Learn as you go. The program review process will continue to evolve and be refined as you continue to learn.

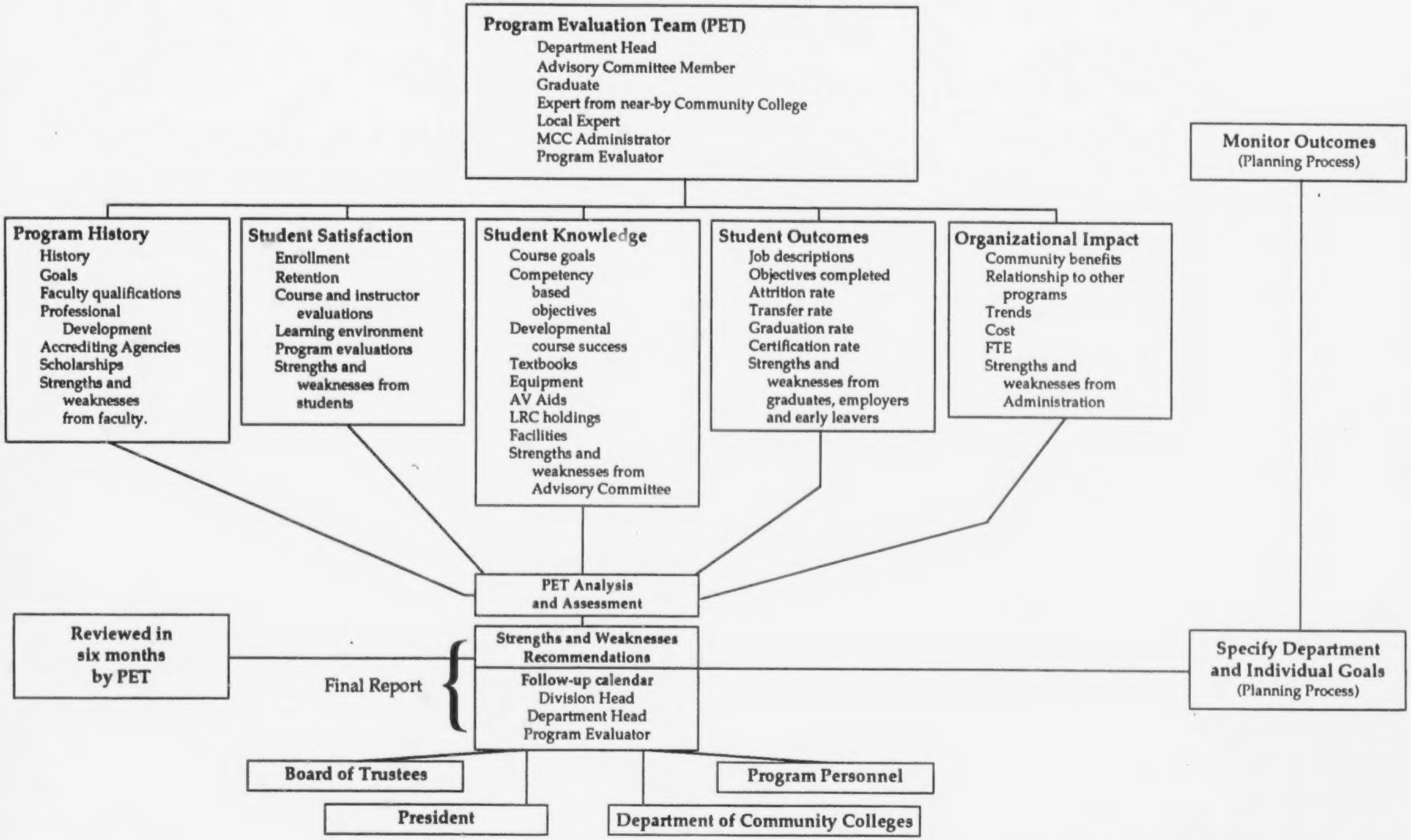
Contact Person

Dr. Suzanne Y. Ledford
Program Evaluator/Planner
Mayland Community College
P. O. Box 547
Spruce Pine, North Carolina 28777
(704) 765-0814 (Ext. 229)

Additional Information Following

1. Diagram of MCC Program Review Model
2. Checklist for Program Review
3. Cover letter to Program Review Team
4. Examples of cover letters and surveys for employers, advisory committee members, students and graduates
5. Faculty Evaluation Form
6. Student Evaluation of Clinical Instruction Form
7. Student Exit Survey Form
8. Example of Program Review Summary
9. Example of Follow-up to Program Review Recommendations

MCC PROGRAM REVIEW MODEL


Program Evaluation Team (PET)
Department Head
Advisory Committee Member
Graduate
Expert from near-by Community College
Local Expert
MCC Administrator
Program Evaluator
Monitor Outcomes
(Planning Process)
Program History
History
Goals
Faculty qualifications
Professional Development
Accrediting Agencies
Scholarships
Strengths and weaknesses from faculty.
Student Satisfaction
Enrollment
Retention
Course and instructor evaluations
Learning environment
Program evaluations
Strengths and weaknesses from students
Student Knowledge
Course goals
Competency based objectives
Developmental course success
Textbooks
Equipment
AV Aids
LRC holdings
Facilities
Strengths and weaknesses from Advisory Committee
Student Outcomes
Job descriptions
Objectives completed
Attrition rate
Transfer rate
Graduation rate
Certification rate
Strengths and weaknesses from graduates, employers and early leavers
Organizational Impact
Community benefits
Relationship to other programs
Trends
Cost
FTE
Strengths and weaknesses from Administration
PET Analysis and Assessment
Reviewed in six months by PET
Final Report
Strengths and Weaknesses
Recommendations
Follow-up calendar
Division Head
Department Head
Program Evaluator
Specify Department and Individual Goals
(Planning Process)
Board of Trustees
President
Department of Community Colleges
Program Personnel

Mayland Community College
Checklist for Program Review

I. PROGRAM HISTORY

______ A. History of the Program
Distinguishing characteristics _____
Innovations ______
Proximity and size of other similar programs _____

______ B. Goals of the program
MCC goals _____
Departmental goals _____
Individual goals _____

______ C. Qualifications of all faculty as required by SACS
Contact hours per instructor per quarter _____
Percentage taught by part-time faculty _____
FTE per instructor per quarter _____

______ D. Continued professional development of faculty members

______ E. Strengths - Weaknesses perceived by the program faculty

______ F. Accrediting Agencies/Licensure/Certifications

______ G. Scholarships

II. STUDENT SATISFACTION

______ A. Enrollment data per quarter for 5 years

______ B. Retention data per quarter for 5 years

______ C. Course and instructor evaluations

______ D. The learning environment

______ E. Specific program evaluations
Strengths-Weaknesses perceived by students _____

III. STUDENT KNOWLEDGE

______ A. Goals, competency-based objectives, and competency measurement systems for every course.
Pre and post testing _______
Comprehensive exams _______
Competency checklist ________

______ B. Adequate course offerings
Orderly, identifiable sequence of objectives and courses _____

Appropriate level of difficulty _____
Appropriate scheduling of courses _____

_____ C. Scholarly and creative learning environment _____

_____ D. Articulation with developmental program for competencies in reading, writing, oral communication and computational skills.

_____ E. Curriculum influenced by:
State standards _____
Licensing requirements _____
Accrediting agencies _____
Professional associations _____
Advisory committees _____
Business and industrial trends _____
Articulation agreements _____
DACUMization _____

_____ F. Materials and facilities adequate and up-to-date
Textbooks _____
Course outlines _____
Goals _____
Requirements _____
Content _____
Competencies _____
Evaluations _____
Absence policies _____
Audio-visual equipment _____
Facilities _____
Technical Equipment _____

_____ G. LRC Holdings
Degree of utilization ____
Library familiarization ____

_____ H. Importance and role of Advisory Committee
Strengths and weaknesses perceived by the committee ___

IV. STUDENT OUTCOMES

_____ A. Jobs for which graduate will be prepared
_____ B. Percentage of students who
Were early leavers _____
Completed objective prior to graduation _____
Graduated program within time frame _____
Graduated and transferred to four-year institution _____
Early leaver and transferred to four-year institution _____
Passed the licensing/certification exam _____

______ C. Follow-up of student who
Transferred to four-year institution _____
Completed objectives and became employed _____
Graduated program and became employed _____
____ Field
____ Salary
____ Location

______ D. Strengths, Weaknesses and recommendations as perceived by
Early leavers _____
Graduates _____
Employers _____

V. ORGANIZATIONAL IMPACT

______ A. Benefits to the community
Demands for the skills _____
Provision of community service _____

______ B. Support to other programs at MCC

______ C. Futuristic trends that may affect program

______ D. Cost analysis of the program
Staff _____
Equipment _____

______ E. FTE analysis

______ F. Strengths-Weaknesses perceived by the administration

Mayland
Community College
Excellence Within Reach

Virginia Foxx
President

Dear ______________________________

Mayland Community College is constantly striving to improve the quality of education provided to the tri-county area. Recently, the college began a process of program review in order to ensure quality programs which are responsive to the needs of this area. Each curriculum program will be reviewed once every three years on a rotating schedule.

Because of the MCC nursing articulation agreement with CCC, we would be very pleased if you could serve on the Nursing program review team. There will be approximately six members on the team who will review and make recommendations for the growth of the program. It will probably be necessary for the team to meet on three occasions. The first meeting will be Monday, May 8 at 3:00 p.m. in Room 160. At that time, tasks and responsibilities will be explained.

I realize that this committee would be an increased demand on your time. If you can possibly serve, meeting dates may be adjusted to meet the needs of the committee. Please feel free to contact me or Irene Blevins if you would like more information. We look forward to hearing from you. We hope you will be able to serve on the team and look forward to meeting you.

Sincerely,

Suzanne Y. Ledford
Program Evaluator

SL:tem

P.O. Box 547, Spruce Pine, North Carolina 28777 704/765-7351
An Equal Opportunity Institution

Mayland
Community College
Excellence Within Reach

Virginia Foxx
President

May 25, 1989

Dear Nursing Employers:

Mayland Community College is conducting a review of the Nursing Education Options - Level I program. One area of data collection concerns the employers' satisfactions with the nursing graduates. Because this information is so vital to evaluating the success and future growth of our program, please forward this form to the appropriate nursing supervisor and request that he or she complete the form and return it. A stamped envelope is enclosed. If you need additional information, please call me at (704) 765-0814.

Thank you for assisting with our program review process. Mayland Community College is concerned that every program meet the highest standard possible for the benefit of the students and the community.

Sincerely,

Suzanne Y. Ledford
Program Evaluator

P.O. Box 547, Spruce Pine, North Carolina 28777 704/765-7351
An Equal Opportunity Institution

Employer Questionnaire
for
Nursing Programs
Mayland Community College
1989

Your responses to these questions will be treated as CONFIDENTIAL INFORMATION. Your answers will only be part of a composite report in which INDIVIDUAL REPLIES ARE NOT IDENTIFIED. You may leave any questions you desire not to answer.

Postion ______________________________

Agency Name ______________________________

Address ______________________________

Please answer questions for both LPN and RN programs when indicated.

1. How many nurses do you now employ? LPN ____ RN ____

2. Have you employed nurses from the Mayland Community College programs in the past? (Please check your answer) Yes ____ No ____

3. How many nursing graduates from MCC do you currently employ? LPN ____ RN ____

4. Please indicate your general assessment of these MCC graduates on the following items:
   LPN:

	Excellent	Good	Poor	Not Applicable
Cooperation/Attitude				
Punctuality				
Communication Skills				
Organization				
Professional Appearance				
Professional Ethics				
Knowledge of Nursing Principles				
Technical Skills				
Providing Patient Care				
Patient Education				
Medication Administration				
Maintaining Medical Records				

Please make suggestions on improving any area rated "poor" (use additional sheets it necessary). ______________________________

____

RN:/Former LPN from MCC

	Excellent	Good	Poor	Not Applicable
ooperation/Attitude				
eadership				
Punctuality				
Communication Skills				

Organization
Professional Appearance
Professional Ethics
Knowledge of Nursing Principles
Technical Skills
Providing Patient Care
Patient Education
Medication Administration
Maintaining Medical Records

Please make suggestions on improving any area rated "poor" (use additional sheets if necessary). ____
____

5. In general, how would you rate the performance of nursing graduates form MCC with graduates from other schools?

LPN	RN
______ Much Better	______ Much Better
______ Some Better	______ Some Better
______ About The Same	______ About The Same
______ Slightly Poorer	______ Slightly Poorer
______ Much Poorer	______ Much Poorer

6. Please state the major source(s) (schools/programs) of your current nursing employees.
____
____

7. Please check your main source(s) for new employees.
_______ Employment Security/Job Service
_______ Private employment agency
_______ College/Institute faculty member
_______ College/Institute job placement office
_______ Mutual acquaintance
_______ Applicants apply on own initiative
_______ Other (describe) ____________________________________

8. How many nursing positions do you currently have open?
Nursing Assistant _____
LPN _____
RN _____

9. What is your estimate of labor demands for nursing in the next 4-5 years?

Nursing Assistant	LPN	RN
___ Increasing demand	___ Increasing demand	___ Increasing demand
___ Stable demand	___ Stable demand	___ Stable demand
___ Decreasing demand	___ Decreasing demand	___ Decreasing demand

10. What type of program do you prefer to hire nursing employees from?
______ LPN ______ ADN ______ BSN _______ No preference

11. What do you do to encourage your nursing staff to seek continuing education in nursing?

____
____
____
____
____
____

12. What classes, workshops, etc.would you like to see offered through MCC in the future? (Please state time preference it this is important.)

____
____
____
____
____
____

Would you send your nursing employees to the classes, workshops, etc. you have suggested above? _____ Yes _____ No

13. Please make any suggestions for Improvements in or updating of the nursing programs: ______________________________
____
____
____

EMPLOYER SURVEY

Directions: Please circle the number indicating the most appropriate answer. Please circle only ONE response in each category. All questions relating to training refer to the training your employee received at the Community College he/she attended.

A. Please rate the occupational training received by this individual in the following areas:

	Very Good	Good	Average	Poor	Very Poor
a. Technical knowledge	1	2	3	4	5
b. Work attitude	1	2	3	4	5
c. Work quality	1	2	3	4	5

B. Please rate this individual's skills in the following skill areas. Respond only to those areas you feel are applicable to the occupational area.

	Very Good	Good	Average	Poor	Very Poor
a. Mathematical skills	1	2	3	4	5
b. Organizational ability	1	2	3	4	5
c. Communication skills	1	2	3	4	5
d. Problem solving skills	1	2	3	4	5
e. Work quantity	1	2	3	4	5
f. Manual dexterity	1	2	3	4	5
g. Meeting the public	1	2	3	4	5
h. Following instructions	1	2	3	4	5
i. Operation of Equipment	1	2	3	4	5

C. Please rate this individual in the following areas.

	Very Good	Good	Average	Poor	Very Poor
a. Accepting responsibility	1	2	3	4	5
b. Punctuality	1	2	3	4	5
c. Personal initiative	1	2	3	4	5
d. Willingness to learn	1	2	3	4	5
e. Co-worker cooperation	1	2	3	4	5
f. Management cooperation	1	2	3	4	5
g. Work attendance	1	2	3	4	5
h. Personal appearance	1	2	3	4	5
i. Compliance with policies	1	2	3	4	5

. What is your overall rating of the training received by this individual as it relates to the requirements of his or her job?

1 Very good
2 Good
3 Average
4 Poor
5 Very Poor

E. As a result of this person's occupational training, how would you rate his or her preparation in relation to other employees in this job classification who did not receive the same training?

1 No basis for comparison
2 Individual is better prepared
3 Both are about the same
4 Individual is less prepared

F. To what extent, if any, has this individual's training added to his or her ability for job advancement?

1 Very much
2 Much
3 Average
4 Very little
5 None

. What was the primary source for the initial hiring of this individual?

1 Employment Security/Job Service
2 Private Employment Agency
3 College/Institute faculty member
4 College/Institute job placement office
5 Mutual acquaintance
6 Applicant applied on own initiative
7 Other (Please specify) ______________________________

H. Please provide any additional information that you feel will assist the community college system in improving educational and training programs.

THANK YOU FOR ASSISTING US IN OUR SURVEY

PLEASE USE THE POSTPAID ENVELOP ENCLOSED

Mayland
Community College
Excellence Within Reach

Virginia Foxx
President

July 10, 1989

Dear Ms. Shaw:

We appreciate your work as a member of the Nursing Advisory Committee and we believe that you can provide valuable information to assist the nursing program.

At this time we have not received a response from you concerning the program review questionnaire which was recently mailed to you. PLEASE TAKE THE TIME TO RESPOND and return the questionnaire in the enclosed envelope by July 17. This information is very important for the program review process. We would appreicate your help.

Thank you for your assistance.

Sincerely,

Suzanne Y. Ledford
Program Evaluator

P.O. Box 547, Spruce Pine, North Carolina 28777 704/765-7351
An Equal Opportunity Institution

MAYLAND COMMUNITY COLLEGE
NURSING PROGRAM EVALUATION

Advisory Committee Form

Name ______________________________

Date ______________________________

Please rate the following:	4	3	2	1	0	0
1. Student preparation for seeking employment (such as completion of application, presentation of self, interview process).	☐	☐	☐	☐	☐	☐
2. Student technical preparation for entry-level employment (skills and knowledge).	☐	☐	☐	☐	☐	☐
3. Student preparation concerning work habits, attitude and work quality.	☐	☐	☐	☐	☐	☐
4. College response to labor force and employment training needs for nursing.	☐	☐	☐	☐	☐	☐
5. College provision for training and upgrading personnel currently employed in nursing.	☐	☐	☐	☐	☐	☐
6. College response to changing technology and procedures in nursing.	☐	☐	☐	☐	☐	☐
7. Adequacy and relevancy of equipment, supplies and facilities used in training students.	☐	☐	☐	☐	☐	☐
8. College efforts in recruiting minority and disadvantaged students.	☐	☐	☐	☐	☐	☐

Please answer the questions below.
(Use extra sheets if necessary.)

9. What are the principal strengths of the nursing program?

. What are the principal needs for improvement in the nursing program?

11. During the past, has your agency or office hired students from the nursing program? YES ______ NO _____
If yes, what is your professional evaluation/opinion of these students?

12. Has your advisory committee helped to improve the Instructional program in the nursing program (such as assisting staff on curriculum development or revision, arranging field trips, identifying work experience and employment opportunities)? YES ______ NO _____
If no, why not?

13. In what ways could the involvement of the advisory committee be increased?

14. How long have you been a member of this advisory committee?

15. Do you consider your membership on this committee worthwhile?

SECRETARIAL SCIENCES

PROGRAM EVALUATION

Advisory Committee Form

1988

NAME________________________________

DATE________________________________

1. During the past, has your business/shop.hired students from the secretarial program at Mayland Community College.

________ Yes ________ No (if no, go to question #6)

If yes, please rate the following:

	Excellent	Good	Fair	Poor	Don't Know	Not Applicable
2. Student preparation for seeking employment (such as completion of application, presentation of self, interview process).	( )	( )	( )	( )	( )	( )
3. Student technical preparation for entry level employment (skills and knowledge).	( )	( )	( )	( )	( )	( )
4. Student preparation concerning work habits, attitude and work quality.	( )	( )	( )	( )	( )	( )

5. What is your professional opinion of the students you employed?

_____ Excellent _____ Good _____ Adequate _____ Poor

6. What is your estimate of labor demands for secretarial graduates in the next 4-5 years?

________ Increasing demand

________ Stable demand

________ Decreasing demand

7. What are the principal needs for improvement in the program presently offered at MCC?

____

____

____

8. What seminars in the secretarial field would you like to see MCC offer in the futur

____

____

9. List ways the advisory committee could improve its assistance to the program.

____

____

____

Please return
Thank you for your assistance

Mayland
Community College
Excellence Within Reach

Virginia Foxx
President

May 25, 1989

Dear Nursing Students and Graduates:

Mayland Community College is constantly striving to improve the quality of education provided to the tri-county area. Recently, the college began a process of program review in order to ensure quality programs which meet the needs of students and employers. Each curriculum program will be reviewed once every three years on a rotating schedule. The Nursing Education Options - Level I program is currently under review.

You can provide valuable information for us. We are interested in your ideas because you know most about the adequacy of the preparation you received while attending the nursing program at MCC. This information can give us direction for changes and improvements in the future.

Please take the time to complete the enclosed Student Follow-up survey and the Nursing Program Evaluation and return them to us in the postage paid envelope. These forms will be processed and tabulated by a secretary and the information you give will be confidential.

We need these completed forms by Wednesday, June 14. We appreciate your help and wish you success.

Sincerely,

Suzanne Y. Ledford
Program Evaluator

Irene Blevins, Director
Nursing Ed. Options - Level I

SL:tem

Enclosures

P.O. Box 547, Spruce Pine, North Carolina 28777 704/765-7351
An Equal Opportunity Institution

MAYLAND TECHNICAL COLLEGE

STUDENT FOLLOW-UP

LAST NAME ____________________ FIRST NAME ____________ MIDDLE INITIAL ______

ANY OTHER NAME WHICH MAY APPEAR ON YOUR SCHOOL OR COLLEGE RECORDS ____________

PERMANENT MAILING ADDRESS ______________________________

CITY ______________ STATE ________ ZIP ________

SOCIAL SECURITY # ____________ TELEPHONE NUMBER ____________ PROGRAM ________

DIRECTIONS: Please circle the number indicating the correct or most appropriate answer or fill in the blank. Circle only one response in each category.

A. When you enrolled at Mayland Technical College which of the following did you plan to do?

1. Secure a degree, diploma, or certificate
2. Take only the course or courses you wanted

B. What was your primary objective in attending Mayland Technical College?

1. Improve existing job skills
2. Obtain training for an occupation
3. Obtain credit for transfer to another institution
4. Take courses of general interest
   Receive financial benefits (Pell Grant, CETA, VA., etc.)
6. other (Specify) ____________

C. To what extent was your objective indicated in Item B completed?

1. Fully completed (Go to Item F)
2. Partially completed (Go to Item D)
3. Not completed (Go to Item D)

D. If your primary objective was not fully completed at Mayland Technical College, what was the principal reason?

1. Obtained a job
2. Entered military service
3. Moved
4. Changed educational goals
5. Financial reasons
6. Transferred to another institution
7. Conflicting job hours
8. Dissatisfied with the institution
9. Transportation problems
10. Other (Specify) ____________

E. Are you pursuing or planning to pursue this objec-
e further?

1. Yes, at the same institution
2. Yes, at another institution
3. No

F. What is you current educational status?

1. Currently attending an educational institution (Go to Item G)
2. Not currently attending any educational institution (Go to Item J)

G. Please indicate your current educational classification and attendance.

	Classification		Attendance
1	Freshman	1	Part-time (less than 12 credit hours)
2	Sophomore	2	Full-time (12 or more credit hours)
3	Junior		
4	Senior		
5	Professional or Graduate Student		

H. Please indicate the type and enter the name of the educational institution in which you are currently enrolled.

1. Technical Institute/College or Community College in N.C.
2. Public N.C. university
3. Private N.C. college or university
4. Private N.C. trade or business school
5. Institution outside of N.C.

____
Name of Institution

I. Please evaluate how well the courses you completed at Mayland Technical College prepared you to continue your education.

1. Very good
2. Good
3. Average
4. Poor
5. Very poor

J. What is your current employment status?

1. Employed (includes all employment both full-time and part-time except full-time military service)

(cont.)

2. Full-time military service
3. Unemployed (NOT employed, but actively seeking employment)
4. Not in the labor force (NOT employed and not seeking employment because of choice, illness, full-time student status, retirement, pregnancy, or other such reason.)

If you circled response #1 in Item J, go to Item K. If you circled response #2, 3, or 4, skip to Item T.

K. What was your primary employment status in the three months before you enrolled at Mayland Technical College?

1. Not previously employed
2. Employed in the same or a similar occupation
3. Employed in a different occupation

L. What is your current salary before deductions? [Exclude overtime - indicate amount and circle work period.]

$ ______________
1. Per Hour
2. Per Week
3. Per Month
4. Per Year

M. The salary in Item L is based on an average of how many hours per week?

________ Average hours per week (Excluding overtime)

N. Present Job Information

Job Title ______________________________
Job Duties ______________________________
____

O. Is your present job related to your field of training?

1. Yes, it is directly or closely related. (Go to item Q)
2. No. It is only remotely related or is not related at all (Go to Item P).

P. If your job is not related to the program in which you are enrolled, please indicate the primary reason which applies.

1. Could not find a job in my field of preparation
2. Found a better paying job in another field
3. Preferred to work in another field
4. Not sufficiently qualified or prepared for a job in that field
5. Other (Specify)

If you completed Item P, skip to Item T.

Q. Please rate the occupational training you received as to its usefulness in preparation for your job.

1. Very Good
2. Good
3. Average
4. Poor
5. Very Poor

R. Please provide the following information on your present job.

____
Name of Company or Firm (If self-employed, write s
____
Company or Firm Mailing Address
____
City State Zip Code

S. We wish to conduct a study of employers to help us evaluate the programs offered and to advise us on other programs which are needed. If we may contact your immediate supervisor so he or she can have the opportunity to participate in such a study, please provide the following information.

____
Supervisor's Last Name First Name Inital
____
Please provide mailing address if different from your company address
____
City State Zip Code

T. Which statement best describes your feeling about your total educational experience at Mayland Technical College?

1. Very satisfied
2. Satisfied
3. Neutral
4. Disappointed
5. Very Disappointed

U. Please rate the courses in which you were enro according to how well they fulfilled your needs. [Circle one response for each item a-f as appropriate.]

	Very Good	Good	Average	Poor	Very Poor
a. Quality of instruction	1	2	3	4	5
b. Testing	1	2	3	4	5
c. Grading	1	2	3	4	5
d. Instructor interest	1	2	3	4	5
e. Course content	1	2	3	4	5
f. Instructional media	1	2	3	4	5

V. If you have used any of the following services, please rate the ones used according to how well they fulfilled your needs. [Circle one response for each item a-i as appropriate.]

	Very Good	Good	Average	Poor	Very Poor
a. Financial aid	1	2	3	4	5
b. Counseling	1	2	3	4	5
c. Job placement services	1	2	3	4	5
d. Faculty advisement	1	2	3	4	5
e. Tutoring services	1	2	3	4	5
f. Veterans services	1	2	3	4	5
g. Learning laboratory	1	2	3	4	
h. Student activities	1	2	3	4	
i. Library services	1	2	3	4	

Thank you very much for your cooperation. Please return this form in the enclosed postpaid envelope.

MCC EARLY CHILDHOOD ASSOCIATE DEGREE
EVALUATION
(Current Students, Graduates, Early Leavers)

I. Please check the Early Childhood courses you have taken and rate the quality of the courses by circling the appropriate numbers. Please write in and rate the electives which you have taken. If you wish to make comments on any courses, please do so.

		COURSE				ADDITIONAL COMMENTS
		Excel.	Good	Fair	Poor	
____	Intro. to Early Childhood Education	4	3	2	1	____
____	Communication Skills in Early Childhood	4	3	2	1	____
____	Creative Activities	4	3	2	1	____
____	Art for Children	4	3	2	1	____
____	Child Behavior	4	3	2	1	____
____	Seminar Practicum I	4	3	2	1	____
____	Music for Children	4	3	2	1	____
____	Curriculum Planning I	4	3	2	1	____
____	Mathematics and Science in Early Childhood	4	3	2	1	____
____	Curriculum Planning II	4	3	2	1	____
____	Infant and Child Care in Group Settings	4	3	2	1	____
____	Parent Education	4	3	2	1	____
____	Children's Literature	4	3	2	1	____
____	Methods, Materials, and Techniques of Teaching Reading	4	3	2	1	____
____	The Exceptional Child	4	3	2	1	____
____	Administration and Supervision of a Preschool Facility	4	3	2	1	____
____	Seminar Practicum II	4	3	2	1	____
____	Major Elective____	4	3	2	1	____

II. Please check the related courses you have taken and then rate the quality of these related courses and instructors.

		Excel.	Good	Fair	Poor	
_____	English Fundamentals	4	3	2	1	_____
_____	Mathematics Fundamentals	4	3	2	1	_____
_____	Grammar	4	3	2	1	_____
_____	Audio-Visual Media and Resources	4	3	2	1	_____
_____	Introduction to Psychology	4	3	2	1	_____
_____	Speech	4	3	2	1	_____
_____	Composition	4	3	2	1	_____
_____	Human Growth and Development I	4	3	2	1	_____
_____	First Aid	4	3	2	1	_____
_____	Technical Writing	4	3	2	1	_____
_____	Human Growth and Development II	4	3	2	1	_____
_____	Intro. to Biology	4	3	2	1	_____
_____	Nutrition	4	3	2	1	_____
_____	The Local Scene	4	3	2	1	_____
_____	Intro. to Educational Psychology	4	3	2	1	_____
_____	Computer Applications to Early Childhood Education	4	3	2	1	_____
_____	Reading Requirement	4	3	2	1	_____

III. 1. If you had it to do over, would you choose MCC? ____ Yes ____ No

If no, why not?____

2. If you had it do over, would you choose the same program? ____ Yes

____ No. If no, why not?________________________________

3. What are the strengths of the Early Childhood program?

4. What are the weaknesses of the Early Childhood program?

5. Please make any comments or suggestions for improving the Early Childhood program or any student support services at MCC. (Attach additional comments if necessary.)

FACULTY EVALUATION FORM
MAYLAND COMMUNITY COLLEGE

Mayland Community College asks that you fill out the Faculty Evaluation Form honestly and that you feel free to write whatever comments you believe will indicate the positive and/or negative characteristics of faculty performance.

PLEASE DO NOT MARK ON THIS FORM. MARK ALL RESPONSES ON SCAN-TRON SHEETS. USE ONLY #2 PENCIL. ALL STATEMENTS MUST BE RATED. FAILURE TO RATE ALL STATEMENTS (1 THROUGH 20) WILL CAUSE YOUR EVALUATION TO BE DISQUALIFIED.

Your evaluation will be totally confidential. Please put the name of the course on the scan-tron sheet. Do not sign your name.

	Very Well	Well	Average	Below Average	Poorly
1. Conducts an organized, well-planned instructional period.	A	B	C	D	E
2. Is knowledgeable of subject matter.	A	B	C	D	E
3. Meets and dismisses instructional activities on time.	A	B	C	D	E
4. Is fair with tests and evaluations.	A	B	C	D	E
5. Is willing and available to give help to students outside of class, lab, or shop.	A	B	C	D	E
6. Answers questions clearly and is careful not to embarrass the student unnecessarily.	A	B	C	D	E
7. Gives clear directions and makes clear assignments.	A	B	C	D	E
8. Demonstrates enthusiastic, energetic, lively interest in teaching class.	A	B	C	D	E
9. Uses sufficient illustrations and examples to explain the material.	A	B	C	D	E
10. Clearly states or provides the written course objectives at the beginning of the quarter.	A	B	C	D	E
11. Encourages critical thinking and analysis.	A	B	C	D	E

12. Maintains a professional attitude toward students.	A	B	C	D	E
13. Speaks distinctly and correctly.	A	B	C	D	E
14. Maintains and appearance and personal hygiene congruent with the educational process.	A	B	C	D	E
15. Reacts with an open mind to student viewpoints different from his/her own.	A	B	C	D	E
16. Does not read excessively from notes or text.	A	B	C	D	E
17. Is free of distracting mannerisms.	A	B	C	D	E
18. Indicates a friendly nature and a willingness to assist students.	A	B	C	D	E
19. Questions students to determine their grasp of subject matter.	A	B	C	D	E

	Excellent	Good	Adequate	Marginal	Unacceptable
20. The over-all rating of the instructor.	A	B	C	D	E

Answer questions 21, 22, 23 and 24 on the right hand side of the scan-tron sheet.

21. What would you consider the instructor's strengths?

22. What would you consider the instructor's weaknesses?

23. If applicable, please comment on the safety of the classroom, lab, shop or other work areas.

24. Please make ADDITIONAL COMMENTS about this course, instructor, or any MCC concerns, if you wish.

MAYLAND COMMUNITY COLLEGE
STUDENT EVALUATION OF CLINICAL INSTRUCTION

Course ______________________ Instructor: ________________
Quarter ______________________

DIRECTIONS: Indicate your answers in the space in the blank beside each question.

A student in the class should take up the completed evaluations, put them in an envelope, seal the envelope, and hand them to the instructor.

_____ 1. I would rate the difficulty of this clinical as:
(1) easy (2) average (3) difficult

_____ 2. How much did you learn in this clinical?
(1) learned a lot (2) learned some (3) learned nothing

_____ 3. I received an outline and/or objectives at the beginning of the clinical.
(1) Yes (2) No

DIRECTIONS: In the blank beside each question, indicate the extent of your agreement or disagreement with each of the following statements using the scale below. Fill in number 5 if a statement does not apply to this clinical.

Strongly Agree	Agree	Disagree	Strongly Disagree	Does Not Apply
1	2	3	4	5

_____ 4. Clinical objectives were explained.

_____ 5. Clinical objectives were covered by the end of the rotation or quarter.

_____ 6. Audio-visual materials (films, slides, etc.), if used in the clinical, were related to clinical objectives.

_____ 7. Assignments were related to clinical objectives.

_____ 8. Clear instructions were given for assignments.

_____ 9. Adequate supplies were available when they were needed.

_____ 10. Safety procedures in the use of clinical equipment were emphasized by the instructor.

_____ 11. The instructor appeared knowledgeable and up-to-date on clinical subject matter.

_____ 12. The instructor was effective in demonstrating clinical skills.

_____ 13. The instructor appeared to be well prepared and organized.

______ 14. The instructor encouraged me to think for myself.

______ 15. The instructor encouraged rational thinking in solving problems.

______ 16. The instructor was a good role model.

______ 17. The instructor gave consideration or guidance in answering questions asked by students.

______ 18. The instructor made corrections of student performance away from patients, staff and other students when possible.

______ 19. The instructor gave feedback to students in such a way as to build self confidence.

______ 20. The instructor gave students opportunities to improve identified weaknesses.

______ 21. The instructor was open to student suggestions for improvement of instruction.

______ 22. The instructor was available for conferences during posted office hours or by appointment.

______ 23. The instructor was courteous and professional at all times.

______ 24. The instructor treated me as an adult.

______ 25. Tests and performance evaluations covered only the material indicated in the clinical objectives.

______ 26. The instructor gave students an opportunity to ask questions about evaluation results throughout the quarter.

______ 27. I was observed enough for the instructor to accurately assess my skill level.

______ 28. The instructor's grading system was equally applied to all students.

MAYLAND COMMUNITY COLLEGE

STUDENT EXIT SURVEY

LAST NAME ______________________ FIRST NAME ______________ MIDDLE INITIAL ________

/ OTHER NAME WHICH MAY APPEAR ON YOUR SCHOOL OR COLLEGE RECORDS ______________________

PERMANENT MAILING ADDRESS ____

CITY ______________________ STATE ______________ ZIP ______________

SOCIAL SECURITY # ______________ TELEPHONE NUMBER ______________ PROGRAM ______________

DIRECTIONS: Please circle the number indicating the correct or most appropriate answer or fill in the blank. Circle only one response in each category.

A. When you enrolled at Mayland Community College which of the following did you plan to do?

1. Secure a degree, diploma, or certificate
2. Take only the course or courses you wanted

B. What was your primary objective in attending Mayland Community College?

1. Improve existing job skills
2. Obtain training for an occupation
3. Obtain credit for transfer to another institution
4. Take courses of general interest
5. Receive financial benefits (Pell Grant, JTPA, VA,. etc.)
6. Other (Specify)

C. To what extent do you feel your objective will be completed [when you leave Mayland Community College]?

1. Fully completed (Go to Item F)
2. Partially completed (Go to Item D)
3. Not completed (Go to Item D)

D. If you feel that your primary objective will not be completed at Mayland Community College, what will be the principal reason?

1. Obtained a job
2. Entered military service
3. Moved
4. Changed educational goals
5. Financial reasons
6. Transferred to another institution
7. Conflicting job hours
8. Dissatisfied with the institution
9. Transportation problems
10. Other (Specify)

E. After you leave Mayland Community College, are you planning to pursue this objective further?

1. Yes, I plan to return to Mayland Community College at a later time
2. Yes, at another institution
3. No

F. What is your current employment status?

1. Employed (includes all employment both full-time and part-time except full-time military service)
2. Full-time military service
3. Unemployed (NOT employed, but actively seeking employment)
4. Not in the labor force (NOT employed and not seeking employment because of choice, illness, full-time student status, retirement, pregnancy, or other such reason)

If you circled response #1 in item F go to item G. If you circled response #2, 3, or 4, skip to item P.

G. What was your primary employment status in the three months before you enrolled at Mayland Community College?

1. Not previously employed
2. Employed in the same or a similar occupation
3. Employed in a different occupation

H. What is your current salary before Deductions? [Exclude overtime - Indicate amount and circle work period.]

1. Per Hour
2. Per Week
3. Per Month
4. Per Year

$____________

I. The salary in Item H is based on an average of how many hours per week?

__________ Average hours per week (Excluding overtime)

J. Present Job Information

Job Title ______________________________

Job Duties ______________________________

____

K. Is your present job related to your field of training?

1. Yes, it is directly or closely related. (Go to item M)
2. No. It is only remotely related or is not related at all (Go to item L).

L. If your job is not related to the program in which you are enrolled, please indicate the primary reason which applies.

1. Could not find a job in my field of preparation
. Found a better paying job in another field
3. Preferred to work in another field
4. Not sufficiently qualified or prepared for a job in that field
5. Other (Specify)

If you completed item L, skip to item P.

M. Please rate the occupational training you received as to its usefulness in preparation for your job.

1. Very Good
2. Good
3. Average
4. Poor
5. Very Poor

N. Please provide the following information on your present job.

Name of Company or Firm (if self-employed, write self)

Company or Firm Mailing Address

City State Zip Code

O. We wish to conduct a study of employers to help us evaluate the programs offered and to advise us on other programs which are needed. If we may contact your immediate supervisor so he or she can have the opportunity to participate in such a study, please provide the following information.

Supervisor's Last Name First Name Initial

Please provide mailing address if different from company address

City State Zip Code

P. Which statement best describes your feeling about your total educational experience at Mayland Community College?

1. Very satisfied
2. Satisfied
3. Neutral
4. Disappointed
5. Very Disappointed

Q. Please rate the courses in which you were enrolled according to how well they fulfilled your needs. [Circle one response for each item a-f as appropriate.]

	Very Good	Good	Average	Poor	Very Poor
a. Quality of instruction	1	2	3	4	5
b. Testing	1	2	3	4	5
c. Grading	1	2	3	4	5
d. Instructor interest	1	2	3	4	5
e. Course Content	1	2	3	4	5
f. Instructional media	1	2	3	4	5

R. If you have used any of the following services, please rate the ones used according to how well they fulfilled your needs. [Circle one response for each item a-j as appropriate.]

	Very Good	Good	Average	Poor	Very Poor
a. Financial aid	1	2	3	4	5
b. Counseling	1	2	3	4	5
c. Job placement services	1	2	3	4	5
d. Faculty advisement	1	2	3	4	5
e. Tutoring services	1	2	3	4	5
f. Veterans services	1	2	3	4	5
g. Learning laboratory	1	2	3	4	5
h. Student activities	1	2	3	4	5
i. Library services	1	2	3	4	5
j. Special services	1	2	3	4	5

Please us this space to provided comments which you believe would improve the educational services at Mayland Community College.

THANK YOU VERY MUCH FOR YOUR COOPERATION

SECRETARIAL PROGRAM REVIEW

SUMMARY

In the spring of 1987, the Mayland Community College Secretarial Programs were reviewed by a visiting team from the Department of Community Colleges. After collecting data, the review team became concerned with problems of retention, quality of graduates, inadequate technologies, inadequate course outlines and syllabi, no course competencies, and unresponsiveness to community needs. Many recommendations were made by the visiting team.

During the winter 1989 review, the new program evaluation team (PET) found the situation very different. A new full-time instructor had begun immediately in 1987 to upgrade the secretarial programs. The self-paced lab had been discontinued, textbooks were reviewed and changed, a needs assessment had been conducted, course outlines had been updated for every course, new strategies for recruiting had been implemented, and retention strategies were coordinated with student services. The collection of new data demonstrated that these changes had resulted in positive outcomes. The average fall enrollment for all the secretarial programs has increased 81% since 1987, and the retention rates have begun to show improvements. FTE production has increased 61% since Fall, 1986.

The primary focus of the program evaluation team was a thorough review of the new course syllabi and complete curriculum. Many curriculum changes were implemented immediately. However, the secretarial programs still are not competency based and the recommendation was made to request a DACUM workshop for the program prior to June 1, 1990.

The following pages are a summary of the program review. The complete data is available in the office of the Program Evaluator at Mayland Community College.

FOLLOW-UP ON THE SECRETARIAL PROGRAM REVIEW RECOMMENDATIONS

ECOMMENDATION JMBER	PERSON(S) RESPONSIBLE	RESPONSE DATE	ACTION TAKEN	COMMENTS
TUDENT SATISFACTION				
.	Lead Sec.Instructor/ Lead Psychology Instructor	6/1/89	Meet and develop strategies	Accomplished
.	Program Evaluator	6/1/89	Write letter	Accomplished
.	Business Dept.Head/ Lead Sec.Instructor	6/1/90	New syllabus and textbook	
.	Lead Sec.Instructor/ Curriculum Committee	5/1/89	Drop Course	Accomplished
TUDENT KNOWLEDGE				
.	Dean of Curriculum/ Program Evaluator	6/1-/90	Complete DACUM process	
.	Lead Sec.Instructor/ Dean of Curriculum/ Director of Occupational Ext.	12/31/89	Negotiate course syllabi	
.	Maintenance Supervisor	7/1/89	Remove cabinets and shelves.	
.	Lead Sec.Instructor	12/31/89	Attend workshops on "Word Perfect" and speedwriting	Attended "Word Perfect" 3-17-89
.	Lead Sec.Instructor/ LRC Director/Dean of Curriculum	12/31/89	Review LRC holdings and make recommendations.	
.	Lead Sec.Instructor/ Dean of Curriculum	9/1/89	a. Submit proposal to order laser-printer.	
		6/1/89	b. "Word Perfect" package	Accomplished
		6/1/89	c. 100 diskettes	Accomplished
		9/1/89	d. submit proposal to order typewriters	
.	Lead Sec.Instructor	5/1/89	catalogue change	Accomplished
.	Lead Sec.Instructor/ Curriculum Committee	5/1/89	Curriculum change	Accomplished

9. Word Processing Instructor	6/1/89	Course outline change	Accomplished
10. Lead Sec.Instructor/ Curriculum Committee	5/1/89	Curriculum change	Accomplished
11. Lead Sec.Instructor	9/1/89	Course outline change	
12. Lead Sec.Instructor/ Medical Transcription Instructor	12/31/89	Review materials and report to Business Department Head	
13. Lead Sec.Instructor/ Curriculum Committee	5/1/89	Curriculum change	Accomplished
14. Lead Sec.Instructor/ Curriculum Committee	5/1/89	Curriculum change	Accomplished

STUDENT OUTCOMES

1. Program Evaluator/ Systems Analyst/ Faculty Advisors/ Student Services Director/Dean of Curriculum	9/1/89	a. Determine objectives of students
	9/1/89	b. Record on computer objectives of students
	9/1/89	c. Determine consistent system
	9/1/89	d. Put placement scores on computer
	12/31/89	e. Initiate exit testing in basic skills
	9/1/89	f. System in place; competencies established in 4 programs
2. Dean of Curriculum/ Program Evaluator/ Lead Sec.Instructor	9/21/89 6/1/90 6/10/90	Attend Basic Skills workshop; complete DACUM process; document appropriate basis skill levels in curriculum

ORGANIZATIONAL IMPACT

1. Articulation Coordinator	5/15/89	Arranging testing schedule	altered-decided to sign articulation agreements with no student testing; 9/1/89
2. Lead Sec.Instructor	9/1/89	Course content emphasis	
3. Lead Sec.Instructor	9/1/89	Make recommendations for National Secretaries Exam	

ROANOKE-CHOWAN CC

Roanoke-Chowan Community College

Overview

Of

Model For Program Review

Background

Roanoke-Chowan Community College is located in rural northeastern North Carolina and serves all of Hertford and portions of Bertie and Northampton Counties. The college has 18 technical and vocational curricula and also offers a general education program through a contractual arrangement with East Carolina University. The average annual curriculum FTE is approximately 510.

Purpose and Rationale

Roanoke-Chowan Community College is committed to quality and excellence in all its educational offerings. To attempt to evaluate the educational outcomes of the instructional program against their intended goals, the college has established a process for systematic review of its credit programs. The review process is intended to be a positive force through which changes and improvements can be made to enhance teaching and learning at the college.

The purpose of the program review process is to ensure (1) relevance of curricula in regard to the institution's purpose; (2) quality and effectiveness of curricula in meeting student and labor market demands; (3) adequacy of institutional support for required curricula operating costs; (4) quality of the instructional processes within each curricula; and (5) that all curricula meet accreditation and agency standards.

The goals of the program review process are

1. To improve the quality of instructional programs,

2. To provide data for decisions regarding resource allocation to programs, admissions requirements for students, support services for students, and program changes,

3. To provide a system for regular data collection and analysis,

4. To enhance faculty and staff competencies in evaluating, planning, and utilizing available resources, and

5. To improve teaching and learning.

The program review process will systematically evaluate each of the degree, diploma, and certificate credit programs offered by the college. Each program will be reviewed as part of a three-year cycle.

Related courses will be reviewed within the context of the curriculum program in which they are taught. Support services for students also will be evaluated since such services play a role in the attraction and retention of students. In addition, many of these services contribute to students' academic and personal growth.

Structure/Process/Activities

The review process is headed by a Program Review Coordinator. The person in this position (1) heads the program review team, (2) serves as ombudsman for review process, (3) provides staff assistance in the process (develops surveys, gathers data, analyzes and charts data, conducts additional research), (4) serves as a link between program review team and President's Cabinet, and (5) coordinates the compilation, writing, and distribution of final review reports and report summaries.

The Program Review Team (1) is a standing committee within the college with members serving rotating three-year terms, (2) assists in adapting survey instruments and data collection methods as appropriate for program being reviewed, (3) uses the Framework for Program Review to carry out the review process, (4) advises program review coordinator in information analysis, (5) compiles listing of program strengths and weaknesses, (6) makes recommendations and suggestions as to program improvements which are needed or desired, and (7) approves final written report.

The department chair of the program under review (1) gathers and provides information and data as requested by program review team, (2) reviews and reacts to recommendations and suggestions by program review team prior to their being finalized, and (3) carries out recommendations and suggestions deemed appropriate as contained in final report.

Outline of Program Review Process

1. Program Review Team reviews framework for evaluation.

   The framework, which is outlined below, attempts to include all appropriate, relative SACS criteria.

   I. Relevance and Fit
   II. Admissions, Student Support
   III. Curriculum
   IV. Instruction
   V. Market/Student Demand
   VI. Faculty Quality
   VII. Satisfaction, Quality of Graduates
   VIII. Facilities, Equipment, Support
   IX. Expense/Income
   X. Indirect Benefits

2. Team divides into sub-committees which are assigned to

different sections of framework. Sub-committee assignments are maintained throughout all reviews with new team members rotating on and off at staggered intervals to give consistency and lend expertise to assessment process.

3. Sub-committees gather information from relevant sources on framework criteria.

4. Concurrently, Program Review Coordinator gathers quantitative data (survey, enrollment data, etc.) and makes available to sub-committees.

5. Sub-committees develop and submit drafts of report to coordinator.

6. Coordinator compiles and drafts full report.

7. Team reviews draft, develops strengths/weaknesses and recommendations/suggestions.

8. Complete draft goes to department chair for review and reaction.

9. Team reviews comments from department chair and finalizes report.

10. Full report and report summaries are distributed as appropriate.

Resources Required

The following resources are required to carry out the program review process described in this model.

--salary and time allocation for coordinator

--clerical assistance for:
    survey typing
    mailing tasks
    data entry for survey results
    report typing
    duplication of variety of materials

--funds for duplicating/printing of surveys, reports, various supporting materials

--funds for postage

--funds for computer support time/materials

Data Collected

The following groups are surveyed in order to collect data relevant to the review process.

1. program graduates
2. early leavers
3. currently enrolled students
4. employers

In addition, the college research office is planning to begin producing an annual "Program Profile," which will contain most of the following data.

1. Headcount--Summer, Fall, Winter, Spring (broken down by categories--full-time, part-time, day, evening, race, sex, county of origin, employment status, age categories)
2. FTE--Summer, Fall, Winter, Spring
3. FTE Unit Value for budget year
4. Expenditures--salaries (full-time, part-time), supplies and materials, travel, major equipment purchases (list of equipment), library expenditures to support program
5. List of Full-Time Faculty--years of service at college, credentials, workload by quarter, staff development activities for year
6. List of Part-Time Faculty--years of service at college, credentials, workload by quarter, staff development activities for year
7. Number of graduates
8. Number of early leavers
9. Analysis of student evaluations of instructors
10. Copy of curriculum course sequence in effect for that year

Report and Follow-Up

The final report will be a comprehensive, descriptive document produced as a result of the information and data collected by the program review team. It will be compiled, edited, published, and distributed by the program review coordinator.

Distribution of the final report will be as follows.

1. Program department chairperson
2. Assistant Dean of department's division
3. Dean of Instruction
4. President
5. Other members of President's Cabinet
6. Board of Trustees (Abstract of report)
7. Department of Community Colleges/State Board of Community Colleges (Abstract of report)

The program review process at Roanoke-Chowan Community College is not a stagnant process, rather it is part of a continuous study, analysis, and appraisal of the college's instructional programs. The recommendations and suggestions presented as a part of the results of the review process are intended to produce actions which will enhance and improve the program. This is a portion of the institution's overall effort to use the results in the college's broad-based, continuous planning and evaluation process to improve institutional effectiveness

A status report regarding the recommendations of the report will be completed after six months. Recommendations and suggestions will be used as justification for budget allocations as well.

Advantages/Disadvantages

Listed below are some of the advantages and disadvantages of this program review model.

Advantages

1. Work load can be distributed among sub-committee members.
2. Sub-committee members learn about a variety of curricula and become "experienced" in assessment processes.

3. Relevant SACS criteria is included in review framework.
4. Model is comprehensive in that it assesses programs from a variety of perspectives (students, faculty, peers, administrators).
5. Recommendations have credibility as having come from a committee with broad-based representation.
6. Constructive criticism obtained through the process can lead to overall program improvement.

Disadvantages

1. Difficulty in "pushing" sub-committees to complete tasks within time frame
2. Large time commitment required of coordinator
3. Extremely poor response rate on surveys; follow-up is difficult
4. Difficulty in separating management and budget decisions from program quality decisions
5. Information not readily available or accessible, based on current college operations, by program review team (i.e. student evaluations of instructors; budget and enrollment data.)
6. Dean of Instruction's office can be "flooded" with recommendations and suggestions about programs

Tips

The following suggestions should be taken into consideration when beginning a program review process.

1. Print sufficient copies of survey instruments at the outset, in order to have an adequate number for conducting follow-up.
2. Plan ahead on how the non-respondents will be recontacted.
3. Consider how "sensitive" information will be handled (i.e. FTE

earn back, evaluations of instructors, etc.).

4. Consider how information or data gathered can be documented as valid.
5. Monitor time frames carefully.
6. Work with computer specialist/s in determining how survey data will be compiled.
7. Set up special budget to cover all costs of the process; consider all resources required.
8. Determine at the beginning what will constitute the total content of the final report, how the information will be used, what type of follow-up will be done, and what the distribution of the report will be.
9. Spend time "selling" the process to the faculty as one which could bring positive improvements to their programs.
10. Gain support from Board of Trustees and top-level administration from the outset.
11. Involve people from across the institution in the model development and the review process to ensure a variety of perspectives.
12. Make the process fit the individual needs and objectives of the institution.

Contact Person

The contact person for Roanoke-Chowan Community College is:

Ms. Johnna L. Everett, Dean
Institutional Advancement
Roanoke-Chowan Community College
Route 2, Box 46-A
Ahoskie, North Carolina 27910

Telephone: (919) 332-5921
Fax: (919) 332-2210

Additional Information Following

1. Framework for Program Review

2. Program Review Test: Team Assignments
3. Program Review Test: Timetable
4. Example of Cover Letters and Survey Form for Currently Enrolled Student
5. Example of Cover Letter and Survey Form for Employers
6. Example of Cover Letter and Survey Form for Former Students
7. Example of Cover Letter and Survey Form for Graduates

FRAMEWORK FOR PROGRAM REVIEW

ROANOKE-CHOWAN COMMUNITY COLLEGE

I. RELEVANCE AND FIT:

Examine the (1) RCCC mission statement and goals; (2) the curriculum description printed in the catalog; and (3) program competencies.

1. How well does the program related to RCCC's mission and goals (the college's purposes)?
2. List the program's goals and competencies. Are the program's goals adequately competency-based?
3. Are the program's competencies relevant for students' future (the work place, further education, personal enrichment)? What changes in these, if any, are needed or desirable?

II. ADMISSIONS, STUDENT SUPPORT:

Examine (1) admissions standards; (2) placement tests and (3) application records of students.

1. Do the program's admissions requirements have adequate qualitative and quantitative requirements? If not, is appropriate developmental or remedial support offered; is it adequate to overcome deficiencies in students' preparation for program study?
2. Are all students in the program high school graduates? For those who are not, what evidence exists to indicate their ability to make successful progress (institutions must justify any deviation from the high school graduate requirement)?
3. Are the stated admissions procedures followed?
4. What evidence exists to show that students are selected whose interests and capabilities are consistent with the admission policies (not just to boost enrollment)?
5. How do students rate admission procedures, academic advising, counseling, tutoring, career development, student activities, financial aid, job placement, course schedules, food service, and the bookstore?

III. CURRICULUM:

Examine (1) the list of required courses and electives if applicable; (2) the state curriculum standards; (3) the guidelines provided by licensing authority, accrediting agencies, and professional associations; (4) program competencies, course competencies, and syllabi; and (5) samples of tests for each course.

1. How well do the program's courses contribute to attaining the program's goals and competencies?

2. Do the program's courses give the students the essential knowledge and skills required to be successful in their future endeavors (work, education, or enrichment)?

3. Does the curriculum fall within state curriculum standards?

4. What is done to ensure that the curriculum is kept up-to-date and consistent with success in the job market? What changes in the curriculum do you recommend that will make the program better and more up-to-date?

5. How well do we satisfy the curriculum recommendations of licensing agencies, accrediting agencies, and professional associations?

6. Are textbooks, course outlines, and other instructional materials up-to-date?

7. Do the requirements stated for each certificate, diploma, and degree awarded include:
   (a) number and distribution of general education credits to be completed;
   (b) minimum and maximum credits to be earned in major or area of concentration;
   (c) total credits which must be earned;
   (d) competencies which students must acquire in order to receive each certificate, diploma, or degree.

8. Do AA degree completion requirements include competence in reading, writing, oral communications, and fundamental math skills?

9. Does the program contain a basic core of general education courses (AA--minimum of 15 semester hours or 22.5 quarter hours)? Is one component of the general education core designed to develop skills in oral and written communication and in computation skills? Are other components from the core drawn from each of the following areas: humanities or fine arts; social or behavioral sciences; and the natural sciences or mathematics?

10. Is there an orderly, identifiable sequence of courses leading to the degree with an adequate number of hours required above the elementary level with appropriate prerequisites? Are the minimum and maximum number of credits allowed stated? Has provision been made for electives to be chosen from disciplines outside the student's area of specialization?

11. Are the following clearly stated in writing:
    (a) goals and requirements for each course
    (b) course content
    (c) methods of student evaluation--do these methods reflect concern for quality and properly discern levels of student performance?
    (d) a course description based on intended outcomes of the course?
    Where is each stated?

12. Is there credit awarded for a variety of learning experiences? Who makes the determination of allowability.

13. Is the advisory committee active? Is its role and function clearly defined? Please state it.

PROGRAM REVIEW TEST
TEAM ASSIGNMENTS

Cosmetology Curriculum

I. RELEVANCE AND FIT

Peggy Lefler (chair)
John Horton
Brewster Brown
Joe Barrett

II. ADMISSIONS, STUDENT SUPPORT

Joe Barrett (chair)
Diane Kimbrough
Brewster Brown
Novella Vaughan

III. CURRICULUM

Elaine Witt (chair)
Carolyn Mitchell
Bettie Hall
Linda Alexander
Peggy Lefler
Frances Liverman

IV. INSTRUCTION

Linda Alexander (chair)
Bettie Hall
Elaine Witt

V. MARKET/STUDENT DEMAND

Bubba Peele (chair)
Johnna Everett
Peggy Lefler
Novella Vaughan
John Horton

VI. FACULTY QUALITY

Diane Kimbrough (chair)
Carolyn Mitchell
Bubba Peele
Bettie Hall

251 - 255

VII. SATISFACTION, QUALITY OF GRADUATES

Johnna Everett (chair)
Bubba Peele
Diane Kimbrough
Novella Vaughan

VIII. FACILITIES, EQUIPMENT, SUPPORT

John Horton (chair)
Frances Liverman
Linda Alexander
Elaine Witt

IX. EXPENSE/INCOME

Brewster Brown (chair)
Johnna Everett
Frances Liverman

X. INDIRECT BENEFITS

Joe Barrett (chair)
Brewster Brown
Carolyn Mitchell

.PROGRAM REVIEW TEST TIMETABLE

Cosmetology Curriculum

Present to February 10, 1989--Teams will investigate and gather documentation

February 13 to February 24, 1989--Teams will compile information and draft recommendations

February 24, 1989--Deadline for documentation, recommendations, and suggestions to be turned in to Coordinator (J. Everett)

February 27 to March 17, 1989--Coordinator will write report and Program Review Committee will adopt

March 20, 1989--Deadline for preliminary report to be given to department chair (R. Carter)

March 27, 1989--Deadline for reponses to report (if any) from department chair to Program Review Committee

April 10, 1989--Deadline for final report to be submitted to college administration

February 00, 1989

Dear Current Cosmetology Student:

Your help is needed. We are currently conducting a study to evaluate the effectiveness of the Cosmetology Program offered to Roanoke-Chowan Community College students. As a current student of this program, your opinions are extremely important to us.

Would you take a few minutes to complete this form and help us in our efforts to better serve our students and community. No individual's name will be identified in the results of this survey, and all responses will be kept in strict confidence.

Your answers will help us identify the strengths and weaknesses of our present Cosmetology Program. Consequently, you will be making a valuable contribution to the improvement of the training of future students. Please complete and return the form by February 00. A stamped, addressed envelope is enclosed for your convenience.

Thank you for your cooperation.

Sincerely yours,

Retha Carter, Chairperson
Cosmetology Program

Johnna L. Everett, Dean
Institutional Advancement

Enclosures

COSMETOLOGY PROGRAM
CURRENTLY ENROLLED STUDENT

ROANOKE-CHOWAN COMMUNITY COLLEGE

All the students in the Cosmetology Program are being asked to complete this questionnaire as part of a plan to evaluate the program. Your responses will be used to identify the strong elements of the program, as well as the parts that need improving. In responding thoughtfully and frankly, you will be giving valuable information that will benefit both current and future students.

Please do not write your name on this questionnaire. Your answers will be kept completely anonymous; no name will be attached to any responses.

Please check ( ) the answers that you choose when the questions have choices listed. When the questions do not have choices listed, please write your answer in a few short words. You also may write comments on any question, even if you are not specifically requested to do so.

You may omit any questions that you prefer not to answer, but it would be helpful if u would try to answer all of them.

Part 1

. Check the items that describe your current status. (Check as many as apply)

( ) In school - part-time
( ) In school - full-time
( ) Employed - part-time
( ) Employed - full-time
( ) Not employed
( ) Other ________________________________

. Check the one statement which most closely corresponds to your primary reason for enrolling in the Cosmetology Program.

( ) Prepare for entry into first career
( ) Prepare for entry into a different career
( ) Update skills for current job
( ) Self-enrichment
( ) Other, please explain ________________________________

:. Indicate why you enrolled at Roanoke-Chowan Community College (check all that apply).

( ) Program I wanted was offered
( ) Financial aid was offered
( ) Unwilling or unable to attend another college
( ) College's good academic reputation
( ) Advice of friend
( ) Advice of high school counselor
( ) Advice of parents
( ) Close to home
( ) Took a non-credit course, then wanted to take a credit course

4. Most of the classes I attend are in the

__________ Day __________ Evening

5. Check the item that describes your status immediately before you began attending RCCC.

( ) Just completed high school
( ) Homemaker and decided to enter work force
( ) Was in a dead-end job and needed training to move ahead
( ) Was in a job that was likely to be eliminated
( ) Was laid off and needed to train for another occupation
( ) Wanted more training to improve myself in my present job
( ) Other, (please specify) ______________________________

Part 2

6. How would you rate the overall quality of the Cosmetology Program.

__________ Excellent __________ Good __________ Fair __________ Poor

7. Please rate the quality of each of these courses IF you HAVE taken them or are CURRENTLY taking them:

Course	Excellent	Good	Fair	Poor	Not Taken
COS 1001 Scientific Study I					
COS 1011 Mannequin Practice					
COS 1002 Scientific Study II					
COS 1022 Clinical Applications I					
COS 1003 Scientific Study III					
COS 1033 Clinical Applications II					
COS 1004 Scientific Study IV					
COS 1044 Clinical Applications III					
ENG 1102 Communication Skills					
MAT 1109 Basic Mathematics					
PSY 1101 Human Relations					
BUS 1103 Small Business Operations					

8. Based on your experience so far, do you think that the courses in this program generally deal with material that you need to know in order to work in this field?

______ Yes ______ No

If you answered NO, please look back at the courses listed in Question 7, and list which ones you think contain material that you will not use.

____

____

. Please rate the material you are learning in your Cosmetology classes. Check one:

________ Generally up-to-date ________ Not generally up-to-date

. Are there any areas in which you would like to have training to prepare you to work in the Cosmetology field that are NOT currently covered in Cosmetology courses.

( ) Yes ( ) No

If you answered YES, please list those areas:

____

____

Now look back at the list of courses in Question 7 on page 2. Are there any of these that you would recommend leaving out?

( ) Yes ( ) No

If YES, please list them and tell us why.

____

____

Think about the quality of instruction (teaching) you are having in your Cosmetology classes. What grade would you give the teaching in the Cosmetology classes?

_____ A _____ B _____ C _____ D _____ F

The facilities used by a program include the classrooms, labs, and shops. Based on your experience, would you say that the facilities used by the Cosmetology Program were

__________ generally adequate, or __________ not adequate

What changes could be made in the facilities used by the Cosmetology Program that would, in your opinion, make the Cosmetology Program better? Check any change(s) below that you agree with.

_____ More up-to-date shops/labs are needed
_____ More space is needed
_____ Additional classrooms are needed
_____ Other change: ______________________________
_____ No changes are recommended.

. In thinking about the different aspects of a program's quality, what do you think is the strongest or best part of the Cosmetology Program?

Part 3

16. Please rate the following programs or services that are available to you as an RCCC student. Check "Don't Know" if you have had no experience with the program o service.

	Excellent	Good	Fair	Poor	Not Taken
Academic Advising					
Counseling					
JTPA Career Service Center					
Admissions Office					
Library					
Computer-Assisted Instruction Lab					
Bookstore					
Student Activities					
Financial Aid					
Business Office					
Food Service					
Campus Security					
Student Support Services					

17. Check one.

_____ This is my first quarter in the Cosmetology Program
_____ This is my second quarter in the Cosmetology Program
_____ This is my third quarter in the Cosmetology Program
_____ This is my fourth quarter in the Cosmetology Program
_____ This is my fifth quarter in the Cosmetology Program
_____ This is my sixth quarter in the Cosmetology Program
_____ I have been in the Cosmetology Program more than six quarters.

Thank you for answering these questions about the Cosmetology Program. Your responses will be used to identify ways in which the program can be strengthened an improved.

February 00, 1989

Dear Employer:

Your help is needed. We are currently conducting a study to evaluate the effectiveness of the Cosmetology Program offered to Roanoke-Chowan Community College students. As an employer of former RCCC students, your opinions are extremely important to us.

Would you take a few minutes to complete this form and help us in our efforts to better serve our students and community. No employer will be identified in the results of this survey, and all responses will be kept in strict confidence.

Your answers will help us identify the strengths and weaknesses of our present Cosmetology Program. Consequently, you will be making a valuable contribution to the improvement of the training of future students. Please complete and return the form by February 00. A stamped, addressed envelope is enclosed for your convenience.

Thank you for your cooperation.

Sincerely yours,

Retha Carter, Chairperson
Cosmetology Program

Johnna L. Everett, Dean
Institutional Advancement

Enclosures

COSMETOLOGY PROGRAM
EMPLOYER FORM

ROANOKE-CHOWAN COMMUNITY COLLEGE

Your responses to these questions will be treated as CONFIDENTIAL INFORMATION. Your answers will only be part of a comprehensive report in which individual replies are NOT identified. You may leave blank any questions you desire not to answer.

Name ______________________ Title ______________________

Business Name ____

Address ____

Telephone No. ( ) __________________

		YES	NO
1.	Do you now employ any former students, current students, or student graduates of the Cosmetology Program at Roanoke-Chowan Community College?	☐	☐
2.	Have you employed RCCC Cosmetology students in the past? (If you answered "No" to both #1 and #2, go to question #7).	☐	☐

3. Approximately how many cosmetology students from RCCC have you ever employed?

4. Please indicate your general assessment of these students on the following skills or areas of knowledge:

	Excellent	Good	Fair	Poor	Don't Know
1. Practicing professionalism	4	3	2	1	0
2. Applying principles of anatomy & physiology	4	3	2	1	0
3. Relating sanitation to cosmetology	4	3	2	1	0
4. Cleaning & styling wigs & hairpieces	4	3	2	1	0
5. Shampooing & conditioning hair & scalp	4	3	2	1	0
6. Cutting & shaping hair	4	3	2	1	0
7. Setting & combing hair into style	4	3	2	1	0
8. Permanent waving & relaxing hair	4	3	2	1	0

9.	Tinting and bleaching hair	4	3	2	1	0
10.	Giving manicures	4	3	2	1	0
11.	Performing skin care	4	3	2	1	0
12.	Using electricity in cosmetology	4	3	2	1	0
13.	Operating a beauty salon	4	3	2	1	0

5. In general, how would you rate the performance of one-year cosmetology graduates RCCC with graduates of other schools?

☐ Better
☐ Poorer
☐ About the same
☐ Not able to compare

6. Please state the name(s) of the schools or programs where most of your cosmetolog employees were trained.

7. Please check your main source(s) for new cosmetology employees. (You may check m than one).

☐ Classified advertising
☐ Employment Security Commission
☐ Private employment agency
☐ College faculty member
☐ College job placement office
☐ Mutual acquaintance
☐ Applicant applied on own initiative
☐ Other, (please describe) ______________________________

8. What is your estimate of labor demands for trained cosmetologists in the next 4-5 years?

☐ Increasing demand
☐ Stable demand
☐ Decreasing demand

9. What is your typical starting salary for a recent one-year cosmetology graduate?

$__________ per hour $__________ per month

10. Please list any skills in which beginning cosmetologists typically need additional instruction.

11. Please make any suggestions for improvements in, or updating of, the Cosmetology Program at RCCC.

February 00, 1989

Dear Former Cosmetology Student:

Your help is needed. We are currently conducting a study to evaluate the effectiveness of the Cosmetology Program offered to Roanoke-Chowan Community College students. As a former student of this program, your opinions are extremely important to us.

Would you take a few minutes to complete this form and help us in our efforts to better serve our students and community. No individual's name will be identified in the results of this survey, and all responses will be kept in strict confidence.

Your answers will help us identify the strengths and weaknesses of our present Cosmetology Program. Consequently, you will be making a valuable contribution to the improvement of the training of future students. Please complete and return the form by February 00. A stamped, addressed envelope is enclosed for your convenience.

Thank you for your cooperation.

Sincerely yours,

Retha Carter, Chairperson
Cosmetology Program

Johnna L. Everett, Dean
Institutional Advancement

Enclosures

COSMETOLOGY PROGRAM
FORMER STUDENT

ROANOKE-CHOWAN COMMUNITY COLLEGE

Your responses to these questions will be treated as confidential information. Your Answers will only be part of a comprehensive report in which individual replies are NOT identified.

____
(Name)

____
(Address)

____

Part 1

\. Check the items that describe your current status. (Check as many as apply)

( ) In school - part-time
( ) In school - full-time
( ) Employed - part-time
( ) Employed - full-time
( ) Not employed
( ) Full-time home responsibility
( ) Active military service
( ) Self-employed
( ) Other (specify) ______________________________

:. Check the one statement which most closely corresponds to your primary reason for enrolling in the Cosmetology Program.

( ) Prepare for entry into first career
( ) Prepare for entry into a different career
( ) Update skills for current job
( ) Self-enrichment
( ) Other, please explain ______________________________

:. Was your goal (indicated in Item B) achieved by the time you left Roanoke-Chowan Community College?

( ) Yes
( ) No

). Indicate why you enrolled at Roanoke-Chowan Community College (check all that apply).

( ) Program I wanted was offered
( ) Financial aid was offered
( ) Unwilling or unable to attend another college
( ) College's good academic reputation
( ) Advice of friend
( ) Advice of high school counselor

( ) Advice of parents
( ) Close to home
( ) Took a non-credit course, then wanted to take a credit course

E. Check the item that describes your status immediately before you began attending

( ) Just completed high school
( ) Homemaker and decided to enter work force
( ) Was in a dead-end job and needed training to move ahead
( ) Was in a job that was likely to be eliminated
( ) Was laid off and needed to train for another occupation
( ) Wanted more training to improve myself in my present job
( ) Other, (please specify) ________________________________

Part 2

A. Please check the reason(s) that you discontinued your studies in Cosmetology befo graduating. Check all that apply to you.

( ) Employment (new job, shift change, more hours, etc.)
( ) Home or family reasons
( ) Military (joined armed forces)
( ) Financial
( ) Personal problems
( ) Finished all the courses I wanted to take
( ) Courses were not interesting
( ) Decided I didn't want to study this program
( ) Courses were too hard
( ) Academic problems (low grades)
( ) Switched to another program at RCCC
( ) Moved out of town
( ) Transferred to another school
( ) Courses were not what I expected (please explain)
____
____
( ) Other (please explain) ________________________
____

B. Do you plan to return to the Cosmetology Program?

( ) Yes   ( ) No

C. What could the college have done to help you stay in school?

( ) Provide child care
( ) Provide tutoring
( ) Provide more financial aid
( ) Arrange transportation
( ) Provide more academic counseling
( ) Provide more personal counseling
( ) Other (please explain)
____
____

If you are employed, complete Part 3; otherwise, go to Part 4.

Part 3

. Since leaving RCCC, have you at anytime been employed in a job related to Cosmetology?
( ) Yes ( ) No

. My present employment status is:

( ) I am employed in a job directly related to my training and education at RCCC
( ) I am employed in a job indirectly related to my training and education at RCCC
( ) I am employed in a job unrelated to my training

We would like to conduct a survey of employers to help us evaluate the Cosmetology program. We would appreciate your providing the following information so that your employer may participate in this study.

Name of your current employer ______________________________

Your supervisor's name ______________________________

Employer's Address ______________________________

______________________________ (Zip)

Supervisor's business telephone number ______________________________

. On the average, how many hours per week do you work?

( ) 1-10
( ) 11-12
( ) 21-34
( ) 35 or more

. When did you begin your present job? (check one)

( ) Before attending RCCC
( ) While attending RCCC
( ) After graduating from RCCC

. If your job is not related to your program of study (Cosmetology), check the major reason below.

( ) Could not find a job in the field of preparation
( ) Better pay in field in which employed
( ) Better opportunity for advancement in field in which employed
( ) Did not want to work in the field of preparation
( ) Other, (please explain) ______________________________

. If you are employed full-time, please indicate your approximate monthly salary (without overtime and before deductions).

( ) Less than $1,000
( ) $1,000 - $1,500
( ) $1,501 - $2,000
( ) $2,001 - $2,500
( ) $2,501 - $3,000
( ) $3,000 - $3,500
( ) $3,501 - $4,000
( ) $4,000 +

If you are unemployed, complete Part 4; otherwise, go to Part 5.

Part 4

A. Please check one.

( ) I am seeking a job
( ) I am not seeking a job

B. If you are seeking a job, please check the major reason you have been unable to employment. (check one)

( ) Salary too low in Cosmetology field
( ) There are few openings in the field for which I was prepared
( ) I need more education to qualify for the job I want
( ) I have changed my career objective since graduating
( ) I have not looked hard enough
( ) Other ______________________________

Part 5

A. Please rate (by circling) each area of training you had at RCCC.

	Student Rating of Training				
	Excellent	Good	Fair	Poor	Don Kno
1. Practicing professionalism	4	3	2	1	0
2. Applying principles of anatomy & physiology	4	3	2	1	0
3. Relating sanitation to cosmetology	4	3	2	1	0
4. Cleaning & styling wigs & hairpieces	4	3	2	1	0
5. Shampooing & conditioning hair & scalp	4	3	2	1	0
6. Cutting & shaping hair	4	3	2	1	0
7. Setting & combing hair into style	4	3	2	1	0
8. Permanent waving & relaxing hair	4	3	2	1	0
9. Tinting and bleaching hair	4	3	2	1	0
10. Giving manicures	4	3	2	1	0
11. Performing skin care	4	3	2	1	0
12. Using electricity in cosmetology	4	3	2	1	0
13. Operating a beauty salon	4	3	2	1	0

. Please rate (by circling) the following courses related to your training:

	Excellent	Good	Fair	Poor	Don't Know
1. Communication Skills	4	3	2	1	0
2. Basic Mathematics	4	3	2	1	0
3. Human Relations	4	3	2	1	0
4. Small Business Operations	4	3	2	1	0

. Was the equipment used in your training consistent with what you have used on the job?
( ) Yes ( ) No

If no, please comment ______________________________

Did you think that methods of instruction were appropriate for your reading, writing, and math skills in beginning cosmetology courses?

What do you think was the strongest or best part of the cosmetology program?

What recommendations would you make to improve the program.

How might the training offered through the Cosmetology program need to change to meet the needs of graduates in the next five to ten years?

Part 6

Please rate ( ) the following services provided for students at RCCC:

	Excellent	Good	Fair	Poor	Don' Know
Admissions process	4	3	2	1	0
Registration process	4	3	2	1	0
Student records & transcripts	4	3	2	1	0
Financial aid assistance	4	3	2	1	0
Advisement	4	3	2	1	0
Orientation process	4	3	2	1	0
Counseling services	4	3	2	1	0
Career information	4	3	2	1	0
Job placement	4	3	2	1	0
Student activities	4	3	2	1	0
Bookstore	4	3	2	1	0
Parking	4	3	2	1	0
Food Services	4	3	2	1	0
Library Services	4	3	2	1	0

Comments: Please make any general comments about these services.

Part 7

A. Generally speaking, how would you rate the quality of instruction you received at RCCC? _____ Excellent _____ Good _____ Fair _____ Poor

B. If you had to do it over, would you choose RCCC? _____ Yes _____ No

If no, why not? _____

C. If you had to do it over, would you choose the same program? _____ Yes _____

If no, why not? _____

D. Have you attended classes or workshops (at any place) which keep you up to date i field of cosmetology? _____ Yes _____ No

If yes, where? _____

E. What classes/workshops (in any area) would you like to see offered through RCCC i future? _____

Overall, how well do you feel RCCC met your needs in the following areas? (Circle one)

	Very Well	Adequately	Poorly
Intellectual Growth	3	2	1
Personal Growth	3	2	1

Please make any comments or suggestions for improving the Cosmetology Program or any student support services at RCCC (attach additional comments, if necessary)

February 00, 1989

Dear Cosmetology Graduate:

Your help is needed. We are currently conducting a study to evaluate the effectiveness of the Cosmetology Program offered to Roanoke-Chowan Community College students. As a graduate of this program, your opinions are extremely important to us.

Would you take a few minutes to complete this form and help us in our efforts to better serve our students and community. No individual's name will be identified in the results of this survey, and all responses will be kept in strict confidence.

Your answers will help us identify the strengths and weaknesses of our present Cosmetology Program. Consequently, you will be making a valuable contribution to the improvement of the training of future students. Please complete and return the form by February 00. A stamped, addressed envelope is enclosed for your convenience.

Thank you for your cooperation.

Sincerely yours,

Retha Carter, Chairperson
Cosmetology Program

Johnna L. Everett, Dean
Institutional Advancement

Enclosures

COSMETOLOGY PROGRAM
GRADUATE FORM

ROANOKE-CHOWAN COMMUNITY COLLEGE

Your responses to these questions will be treated as confidential information. Your Answers will only be part of a comprehensive report in which individual replies are NOT identified.

(Name)

(Address)

Part 1

. Check the items that describe your current status. (Check as many as apply)

( ) In school - part-time
( ) In school - full-time
( ) Employed - part-time
( ) Employed - full-time
( ) Not employed
( ) Full-time home responsibility
( ) Active military service
( ) Self-employed
( ) Other (specify) ____________________

. Check the one statement which most closely corresponds to your primary reason for enrolling in the Cosmetology Program.

( ) Prepare for entry into first career
( ) Prepare for entry into a different career
( ) Update skills for current job
( ) Self-enrichment
( ) Other, please explain ____________________

. Was your goal (indicated in Item B) achieved by the time you graduated from Roanoke-Chowan Community College? (check one)

( ) Yes
( ) No

. Indicate WHY you enrolled at Roanoke-Chowan Community College (check all that apply).

( ) Program I wanted was offered
( ) Financial aid was offered
( ) Unwilling or unable to attend another college
( ) College's good academic reputation
( ) Located close to home

( ) Advice of friends
( ) Advice of high school counselor
( ) Advice of parents
( ) Low cost
( ) Took a non-credit course, then wanted to take a credit course

E. Check the item that most closely describes your status immediately before you beg
attending this community college. (check one)

( ) Just completed high school
( ) Homemaker and decided to enter work force
( ) Was in dead-end job and needed training to move ahead
( ) Was in a job that was likely to be eliminated
( ) Was laid off and needed to train for another occupation
( ) Wanted more training to improve myself in my present job
( ) Other, (please specify) ______________________________

If you are employed, complete Part 2; otherwise, go to Part 3.

Part 2

A. Since leaving RCCC, have you at anytime been employed in a job related to Cosmeto
( ) Yes ( ) No

B. My present employment status is:

( ) I am employed in a job directly related to my training and education at RCC
( ) I am employed in a job indirectly related to my training and education at R
( ) I am employed in a job unrelated to my training

We would like to conduct a survey of employers to help us evaluate the Cosmetolog program. We would appreciate your providing the following information so that yo employer may participate in this study.

Name of your current employer ______________________________

Your supervisor's name ______________________________

Employer's Address ______________________________

______________________________ (Zip)

Supervisor's business telephone number ______________________________

C. On the average, how many hours per week do you work?

( ) 1-10 ( ) 21-34
( ) 11-12 ( ) 35 or more

D. When did you begin your present job? (check one)

( ) Before attending RCCC
( ) While attending RCCC
( ) After graduating from RCCC

. If your job is not related to your program of study (Cosmetology), check the major reason below.

( ) Could not find a job in the field of preparation
( ) Better pay in field in which employed
( ) Better opportunity for advancement in field in which employed
( ) Did not want to work in the field of preparation
( ) Other, (please explain) ______________________________

. If you are employed full-time, please indicate your approximate monthly salary (without overtime and before deductions).

( ) Less than $1,000
( ) $1,000 - $1,500
( ) $1,501 - $2,000
( ) $2,001 - $2,500
( ) $2,501 - $3,000
( ) $3,000 - $3,500
( ) $3,501 - $4,000
( ) $4,000 +

If you are unemployed, complete Part 3; otherwise, go to Part 4.

Part 3

.. Please check one.

( ) I am seeking a job
( ) I am not seeking a job

l. If you are seeking a job, please check the major reason you have been unable to secure employment. (check one)

( ) Salary too low in Cosmetology field
( ) There are few openings in the field for which I was prepared
( ) I need more education to qualify for the job I want
( ) I have changed my career objective since graduating
( ) I have not looked hard enough
( ) Other ______________________________

Part 4

\. Please rate (by circling) each area of training you had at RCCC.

	Student Rating of Training				
	Excellent	Good	Fair	Poor	Don't Know
1. Practicing professionalism	4	3	2	1	0
2. Applying principles of anatomy & physiology	4	3	2	1	0
3. Relating sanitation to cosmetology	4	3	2	1	0
4. Cleaning & styling wigs & hairpieces	4	3	2	1	0
5. Shampooing & conditioning hair & scalp	4	3	2	1	0
6. Cutting & shaping hair	4	3	2	1	0

7.	Setting & combing hair into style	4	3	2	1	0
8.	Permanent waving & relaxing hair	4	3	2	1	0
9.	Tinting and bleaching hair	4	3	2	1	0
10.	Giving manicures	4	3	2	1	0
11.	Performing skin care	4	3	2	1	0
12.	Using electricity in cosmetology	4	3	2	1	0
13.	Operating a beauty salon	4	3	2	1	0

B. Please rate (by circling) the following courses related to your training:

		Excellent	Good	Fair	Poor	Don' Know
1.	Communication Skills	4	3	2	1	0
2.	Basic Mathematics	4	3	2	1	0
3.	Human Relations	4	3	2	1	0
4.	Small Business Operations	4	3	2	1	0

C. Was the equipment used in your training consistent with what you have used on the
( ) Yes ( ) No

If no, please comment ____

____

Did you think that methods of instruction were appropriate for your reading, writ and math skills in beginning cosmetology courses?

What do you think was the strongest or best part of the cosmetology program?

What recommendations would you make to improve the program.

How might the training offered through the Cosmetology program need to change to the needs of graduates in the next five to ten years?

Part 5

Please rate ( ) the following services provided for students at RCCC:

	Excellent	Good	Fair	Poor	Don't Know
Admissions process	4	3	2	1	0
Registration process	4	3	2	1	0
Student records & transcripts	4	3	2	1	0
Financial aid assistance	4	3	2	1	0
Advisement	4	3	2	1	0
Orientation process	4	3	2	1	0
Counseling services	4	3	2	1	0
Career information	4	3	2	1	0
Job placement	4	3	2	1	0
Student activities	4	3	2	1	0
Bookstore	4	3	2	1	0
Parking	4	3	2	1	0
Food Services	4	3	2	1	0
Library Services	4	3	2	1	0

Comments: Please make any general comments about these services.

Part 6

Generally speaking, how would you rate the quality of instruction you received at RCCC? _____ Excellent _____ Good _____ Fair _____ Poor

If you had to do it over, would you choose RCCC? _____ Yes _____ No

If no, why not? _____

If you had to do it over, would you choose the same program? _____ Yes _____ No

If no, why not? _____

Have you attended classes or workshops (at any place) which keep you up to date in the field of cosmetology? _____ Yes _____ No

If yes, where? _____

What classes/workshops (in any area) would you like to see offered through RCCC in the future? _____

Overall, how well do you feel RCCC met your needs in the following areas? (Circ one)

	Very Well	Adequately	Poo
Intellectual Growth	3	2	1
Personal Growth	3	2	1

F. Please make any comments or suggestions for improving the Cosmetology Program or student support services at RCCC (attach additional comments, if necessary) ____

ROWAN-CABARRUS CC

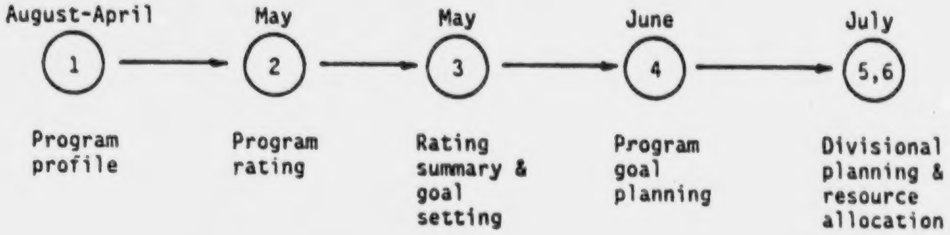
Rowan-Cabarrus Community College

Overview

Of

Model For Program Review

CURRICULUM PROGRAM REVIEW PROCESS


August-April
1
Program profile
May
2
Program rating
May
3
Rating summary & goal setting
June
4
Program goal planning
July
5,6
Divisional planning & resource allocation

Steps in Annual Program Review Process

1. Lead Instructor does a Program Profile, with held of Department Head, Planning and Research Director, Systems Administrator, and Dean of Instruction.

2. For annual program reviews, Lead Instructor, program Advisory Committee members, Department Head, and Dean of Instruction review profile and complete rating instrument, including summary of ratings and summary of program improvement recommendations.

3. Lead Instructor, Department Head, and Dean of Instruction discuss these two summaries and identify short-term and long-term program goals and objectives.

4. Lead Instructor and Department Head prioritize program goals and describe implementation approach and resources needed for all top priority goals and objectives.

5. Dean of Instruction, Planning and Research Director, Vice Presidents, and President determine main Curriculum Education Division goals and objectives for coming year, in context of college budget, program mix and emphasis, and other relevant factors.

6. Vice Presidents and Dean of Instruction allocate resources to accomplish divisional and program goals.

Periodic Program Review Process

Once in every five years for every program, additional external reviewers and employer/student surveys will be included in the annual review steps listed above.

Components of Program Profiles

The following information will be included in a profile that will be developed for each approved program area, kept on file in the Curriculum Education Office, and updated annually.

- I. Program Purpose and Importance
  - A. Purpose and entrance requirements
  - B. Importance to college mission and service area
  - C. Method of external assessment of exit competencies (if appropriate)
- II. Quality of Instructional Process
  - A. Credentials and/or work experience of faculty, including faculty participation in professional development activities such as workshops, back-to-industry programs, student clubs, and professional organizations
  - B. Curriculum planning and revisions, including evidence of active Advisory Committee participation, use of a competence-based approach to instruction, and awareness of future trends in program area
  - C. Equipment and facilities
  - D. External linkages, including interactions with high school instructors, results of articulation with public schools and four-year colleges, and occupational extension/new and expanding industry activities
  - E. Program outcomes, including number of full-time and part-time students, number of program completers and non-completers each year (as compared to state averages), results of student and employer surveys (as available), and results of student performance certification or licensing exams (as compared to state averages)
- III. Program Costs (internal and compared to state averages)
  - A. Personnel, part-time and full-time
  - B. Equipment
  - C. Other costs
- IV. Program Goals
  - A. Previous year(s), building to five-year history
  - B. Current year
- V. Special Accomplishments in Current Year

Contact

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Rowan-Cabarrus Community College
P. O. Box 1595
Salisbury, North Carolina 28144
(704) 637-0760

Additional Information Following

1. Curriculum Program Rating Summary
2. Program Rating Instrument

RCCC
Rowan-Cabarrus Community College

Post Office Box 1595
Salisbury, North Carolina 28145-1595
Phone 704 637-0760

CURRICULUM PROGRAM RATING SUMMARY

Program ______________________________

Rater ______________________ Date ______________

		RATING (1-4)
I.	Overall Service Area Importance	______
II.	Instructional Process Effectiveness	
A.	Curriculum Planning and Revision	______
B.	High School and College Partnerships	______
C.	Equipment and Facilities	______
D.	Instruction and Instructional Materials	______
E.	Business and Industry Partnerships	______
F.	Overall Educational Process Rating	______
III.	Overall Program Outcomes	______
IV.	Program Costs (compared with state median)	______
V.	Overall Future Trends and Market Viability	______
VI.	Overall Program Goals	______

COMMENT SUMMARY

Program ____

Rater ____________________________ Date ____________

Significant Program Comments and/or Commendations:

High Priority Implications for Program Improvement:

RCCC
Rowan-Cabarrus Community College

Post Office Box 1595
Salisbury, North Carolina 28145-1595
Phone 704 637-0760

PROGRAM RATING INSTRUMENT

Program ____

Rater ______________________________ Date ________________

Purpose

This rating instrument contains evaluation criteria for determining the effectiveness of vocational and technical programs offered by Rowan-Cabarrus Community College. Please thoroughly review Program Profile information and data before completing this program rating instrument.

Evaluation Areas

I. Service Area Importance
II. Instructional Process Effectiveness
  A. Curriculum Planning and Revision
  B. High School and College Partnerships
  C. Equipment and Facilities
  D. Instruction and Instructional Materials
  E. Business and Industry Partnerships
  F. Educational Process Rating
III. Program Outcomes
IV. Program Costs
V. Future Trends and Market Viability
VI. Program Goals

6/89:A:PROGRAT.INS

I. SERVICE AREA IMPORTANCE

DESCRIPTION - This area addresses the major question about how important a particular program is from the point of view of the service area or community. If a program is the only source of training for the dominant industry in the service area, then a program has a very good opportunity for demonstrating effectiveness. On the other hand, if a program is one of many possible sources of training for an industry which is of only marginal economic importance and which lacks any supporting constituency, then the program has less likelihood for demonstrating effectiveness.

A realistic assessment of actual and potential external support is a vital component in evaluating a program's current and possible effectiveness.

Evaluation Questions: Please circle your response to each question.

1. For what business, industry, or function does this program provide training? ____________________

2. How important is this business or industry in the economy of the RCCC's service area?

   1. Very important - the dominant industry.
   2. Quite important - a major industry.
   3. Somewhat important - a significant but not major industry.
   4. Unimportant - an industry which contributes only a small amount to the overall economy.

3. How important is this business or industry in the service area's future plans for economic development?

   1. Very important - an industry which will become (or will remain) the dominant industry.
   2. Quite important - an industry which will become (or remain) a major industry.
   3. Somewhat important - an industry which will become (or will remain) a significant but not major industry.
   4. Unimportant - an industry which will contribute (or continue to contribute) only a small amount to the overall economy.

4. To what extent is RCCC the provider of training to this business or industry?

   A. Very great extent - this program is the only provider and this industry relies entirely upon the program for training.
   B. Great extent - this program is the major provider and this industry relies heavily upon this program for training.
   C. Moderate extent - this program is a significant provider but the industry relies mainly on other sources for its training
   D. Limited extent - this program provides only a small amount of training for this industry and is only a marginal provider when compared to other sources.

4a. List other providers of training ______________________________

____

**____5. Overall, how important is this program to the service area in which is provides training? Base your response mainly on items 1 - 4.

1. Very important
2. Quite important
3. Somewhat important
4. Unimportant

** Transfer this rating to summary sheet, Item I, Overall Service Area Importance.

6. Comments and/or commendations:

____

____

7. Implications for program improvement:

____

____

II. INSTRUCTIONAL PROCESS EFFECTIVENESS

DESCRIPTION - This area covers the ability of a program to provide appropriate instruction to meet community and service area needs. This area has typically been the major, and sometimes only, focus of program evaluation and the complexity of this section reflects this. Since the instructional process is what we know best and since it is possible to change program effectiveness through the manipulation of the instructional process, the heavy emphasis on process is warranted.

A. Curriculum Planning and Revision. This sub-area covers the processes an institution uses to determine and revise program content. Highly capable programs regularly evaluate content in light of student interests, labor demand, current practices in the field, and advisory committee comment. Based on that evaluation, revisions of course content, course objectives, instructional practices, occupational proficiencies. and so forth should be evidenced.

B. High School and College Partnerships. This sub-area covers program coordination with secondary institutions and four-year institutions through formal and informal articulation agreements. Highly capable programs enhance continuity in vocational and technical education for both secondary students and two-year college students. Capability is demonstrated when faculty communicate regularly with high school and college instructors, and when articulation agreements are widely known and have high levels of participation.

C. Equipment and Facilities. This sub-area covers facilities and equipment used for the program including classroom space and furnishings, laboratory or shop facilities, and laboratory or shop equipment. Highly capable programs provide adequate amounts of safe, current, and appropriate facilities and equipment. Capability is demonstrated when equipment is state-of-the-art or better than that found in industry; when facilities and equipment are used for intended purposes and adequately financed to meet needs; and when shared use with appropriat other programs improves cost-effectiveness.

D. Instruction and Instructional Materials. This sub-area covers curriculum design, objectives, course content, and instructional methods; faculty preparation and involvement; and instructional materials such as computers, audio/visual materials, self-paced materials, and printe materials. Highly capable programs include instruction that provides knowledge of current applications and practices, safety, work habits, and employability; methods and use of both classroom and laboratory instruction are appropriate for the program; course objectives are written in measurable performance terms; and where appropriate, instruction includes external learning experiences such as co-op, clinicals, apprenticeships, or internships. In addition, a capable program provides a wide range of readily available instructional materials. Faculty have exceptional work experience and credentials which are kept current through recent work experience, faculty development activities, and participation in professional organizations.

E. Business and Industry Partnerships. This sub-area covers contracted instruction for business and industry; sharing of expertise personnel and facili-ties with business and industry; program relationships with affiliated programs, associations, and organizations; and membership of advisory committees. Highly capable programs actively promote and deliver instruction specific to local needs and develop partnerships for sharing resources with business and industry. Carefully chosen advi-sory committee members maximize industry expertise. Based on advisory committee relationships and faculty ties to external associations, the highly capable program develops innovative methods for responding to changing labor markets and technology.

Evaluation Questions:

A. Curriculum Planning and Revision

1. To what extent is a competency-based skills approach used for planning and revising this curriculum?

   1. Very great extent - a comprehensive listing of all competencies thoroughly developed.
   2. Great extent - the most important competencies related to this curriculum developed.
   3. Moderate extent - some competencies were developed for most courses.
   4. Limited extent - very few, if any, competencies have been developed.

2. To what extent is external information such as changes in student interest, labor demand, current practices, or advisory committee comment used to evaluate the need for program updating?

    1. Very great extent - a wide variety of kinds of information is systematically used.
    2. Great extent - a limited variety of information is used but on a regular, systematic basis.
    3. Moderate extent - one or two sources of information are used on a fairly regular basis.
    4. Limited extent - almost no external information is used.

3. To what extent have needed curriculum changes been made?

    1. Very great extent - all aspects of curriculum are current.
    2. Great extent - for the most part the curriculum is current.
    3. Moderate extent - a few critical adjustments have been made.
    4. Limited extent - curriculum revision is virtually non-existent.

** _____ 4. Overall, how effective is curriculum planning and updating for this program?

    1. Highly effective
    2. Very effective
    3. Moderately effective
    4. Only somewhat effective

** Transfer this rating to summary sheet, Item IIA, Curriculum Planning and Revision.

5. Comments and/or commendations:

____

____

6. Implications for program improvement:

____

____

B. High School and College Partnerships

1. To what extent does this program develop formal articulation agreements with local secondary schools?

    1. Very great extent - all secondary schools in area, some 2+2.
    2. Great extent - most secondary schools.
    3. Moderate extent - 1 or 2 secondary schools.
    4. Limited extent - no formal agreements, no 2+2.

1a. Does this program have plans to develop any "2+2" agreements? If so, briefly mention them: ______________________________

____

2. Relatively how many students have made use of articulation agreements with high schools in last three years?

1. A very large number	3. Some, but not many
2. A large number	4. Few, if any

3. To what extent has this program developed articulation agreements or programs with 4-year institutions?

    1. Very great extent - several colleges accept all credits.
    2. Great extent - one or two colleges accept all credits.
    3. Moderate extent - no agreements yet exist, but one or two are in negotiation.
    4. Limited extent - no agreements exist nor are any under negotiation.

4. Does this program have any "career ladder" agreements or plans? I so, please describe: ____________________

    ____

5. To what extent do program faculty interact with high school instructors?

    1. Very great extent - program faculty talk and work regularly with many high school instructors.
    2. Great extent - faculty talk and work with some high school instructors.
    3. Moderate extent - faculty are acquainted with some high school instructors but don't work with them regularly.
    4. Limited extent - faculty rarely communicate with high school instructors.

**____ 6. Overall, how effectively does this program develop and use articulation agreements?

1. Highly effective	3. Moderately effective
2. Very effective	4. Only somewhat effective

** Transfer this rating to summary sheet, Item IIB, High School and College Partnerships.

7. Comments and/or commendations:

    ____

    ____

8. Implications for program improvement:

    ____

    ____

C. Equipment and Facilities

1. To what extent is classroom and laboratory space well designed and of adequate size?

    1. Very great extent.
    2. Great extent.
    3. Moderate extent.
    4. Limited extent.

2. To what extent does laboratory or shop equipment represent state of the art that is generally found in industry?

    1. Very great extent - all equipment is state-of-the-art.
    2. Great extent - most equipment (and particularly the most important) is state-of-the-art.
    3. Moderate extent - only some equipment is state-of-the-art.
    4. Limited extent - little or none of the equipment is state-of-the-art.

3. To what extent are adequate college resources allocated to maintain appropriate facilities and equipment?

    1. Very great extent - new or recently renovated, very well maintained.
    2. Great extent - well maintained but not new.
    3. Moderate extent - fairly well maintained and in need of future renovation.
    4. Limited extent - poorly maintained, in need of immediate renovation.

4. To what extent does local business and/or industry support program operations with donations of services or current equipment?

    1. Very great extent - a variety of services and equipment are donated/provided regularly.
    2. Great extent - some critical services and equipment are provided regularly.
    3. Moderate extent - occasional service or piece of equipment is provided.
    4. Limited extent - business/industry rarely provides services or equipment to program.

**_____ 5. Overall, to what extent are this program's facilities and equipment adequate and effective?

1. Very great extent	3. Moderate extent
2. Great extent	4. Limited extent

** Transfer this rating to summary sheet, Item IIC, Equipment and Facilities.

6. Comments and/or commendations:

____

____

7. Implications for program improvement:

____

____

D. Instruction and Instructional Materials

1. To what extent is an appropriate range of current instructional materials available?

   1. Very great extent - wide range of current, appropriate materials are available.
   2. Great extent - good range of materials, good availability.
   3. Moderate extent - barely adequate range of current material and availability could increase.
   4. Limited extent - extremely limited range of materials underused or not available.

2. To what extent are courses performance or competency-based?

   1. Very great extent - all or almost all courses.
   2. Great extent - some courses, others currently under revision.
   3. Moderate extent - just one or two, but actively planning revisions.
   4. Limited extent - no courses, not considering revisions.

3. To what extent does course content provide knowledge of current industry applications and practices?

   1. Very great extent - content recently revised, anticipates industry trends.
   2. Great extent - content revisions evident, meets current needs.
   3. Moderate extent - content revisions needed, but not much out-of-date.
   4. Limited extent - revision much needed, content seriously out-of-date.

4. To what extent are faculty qualified?

   1. Very great extent - excellent credentials, certification in field, recent work or return-to-industry experience.
   2. Great extent - good credentials, fairly recent work industry/ experience.
   3. Moderate extent - adequate credentials, but need more recent work experience.
   4. Limited extent - inadequate credentials, work experience sorely out-dated.

5. To what extent are courses taught using a systematic approach?
   1. Very great extent - all courses with detailed learning objectives and appropriate testing.
   2. Great extent - most courses with objectives and appropriate testing.
   3. Moderate extent - only a few courses with objectives, testing infrequent and not always based on learning experiences.
   4. Limited extent - no courses with objectives, testing not related to specific experiences.

**_____ 6. Overall, how effective are this program's instruction and instructional materials?

1. Highly effective
2. Very effective
3. Moderately effective
4. Only somewhat effective

** Transfer this rating to summary sheet, Item IID, Instruction and Instructional Materials.

7. Comments and/or commendations:

____

____

8. Implications for program improvement:

____

____

E. Business and Industry Partnerships

1. To what extent does this program area actively promote and deliver specialized instruction to satisfy the needs of business and industry?

   1. Very great extent - extensive involvement in courses for business/industry, very active promotion and development.
   2. Great extent - responsive but not strongly promoted.
   3. Moderate extent - responsive to some requests.
   4. Limited or no involvement.

2. To what extent does this program use business and industry facilities?

   1. Very great extent - active and extensive use of facilities.
   2. Great extent - fairly active and extensive use of facilities.
   3. Moderate extent - some use but not actively sought.
   4. Limited extent - little or no use, never sought.

3. To what extent do advisory committee members represent current industry expertise?

   1. Very great extent - all members carefully chosen to maximize industry experience and contacts.
   2. Great extent - most members chosen to maximize experience.
   3. Moderate extent - some members have current experience, expertise, and contacts.
   4. Limited extent - static membership with little or no current expertise.

4. To what extent does this program utilize appropriate external learning experiences (coop, clinical, internship, practicum)?

   1. Very great extent - all or nearly all students in external learning experience.
   2. Great extent - many students in external learning experiences.
   3. Moderate extent - some students in external learning experiences.
   4. Limited extent - no external learning experiences.

**_____ 5. Overall, how effective is this program in forging linkages with business and industry?

1. Highly effective	3. Moderately effective
2. Very effective	4. Only somewhat effective

** Transfer rating to summary sheet, Item E, Business and Industry Partnerships.

6. Comments and/or commendations:

____

____

7. Implications for program improvement:

____

____

**_____ F. Overall Program Effectiveness

Based on your assessment in previous sections of this program's effectiveness in curriculum planning and updating, articulation, equipment and facilities, instruction and instructional materials, and public/private linkages, how effective is this program in delivering needed services to its students and community?

** Transfer this overall rating to the summary sheet, Item IIF, Overall Instructional Process Rating.

1. Highly effective	3. Moderately effective
2. Very effective	4. Only somewhat effective

III. PROGRAM OUTCOMES

DESCRIPTION - This area covers student completion rates, complete employment rates and satisfaction, and employer satisfaction. Highly productive programs have high completion rates, high rates of employment in the field of training, highly satisfied completers, and employers who are highly satisfied with the training received by employees.

Evaluation Questions:

1. To what extent is reliable and complete information available on program completers and stop-outs through tracking and follow up?

    1. Very great extent
    2. Great extent
    3. Moderate extent
    4. Limited extent

2. To what extent does this program produce program completers as a proportion of those initially enrolled?

    1. Very great extent - completion rates among the highest in the state.
    2. Great extent - completion rate somewhat higher than state average.
    3. Moderate extent - completion rate at or only slightly below state average.
    4. Limited extent - completion rate well below state average.

3. To what extent are completers employed in the field for which training was intended?

    1. Very great extent - employment rate among the highest in state.
    2. Great extent - employment rate somewhat higher than state average.
    3. Moderate extent - employment rate at or only slightly below state average.
    4. Limited extent - employment rate well below the state average.

4. If appropriate, how successful have program completers been on certification/licensing exams?

    1. Extremely successful - pass rates among the highest in the state.
    2. Very successful - pass rates somewhat higher than state average.
    3. Moderately successful - pass rates at or only slightly below state average.
    4. Not very successful - pass rates well below state average.

5. To what extent are completers satisfied with training received?

    1. Very great extent - satisfaction very high.
    2. Great extent - satisfaction above average.
    3. Moderate extent - satisfaction average or slightly below average.
    4. Limited extent - satisfaction well below average.

6. To what extent are employers satisfied with training received by employees?

   1. Very great extent - satisfaction very high.
   2. Great extent - satisfaction above average.
   3. Moderate extent - satisfaction average or slightly below.
   4. Limited extent - satisfaction well below average.

7. To what extent have program stop-outs or drop-outs completed their educational objectives?

   1. Very great extent - goals in coming to college were accomplished, students would return to further education/training.
   2. Great extent - most goals were accomplished.
   3. Moderate extent - some goals were accomplished, students uncertain about returning.
   4. Limited extent - goals were not accomplished, students would not return.

**____8. Overall, how effective is this program in producing significant proportions or satisfied students who are employed in the field?

1. Highly effective	3. Moderately effective
2. Very effective	4. Only somewhat effective

** Transfer this rating to summary sheet, Item III, Program Outcomes.

9. Comments and/or commendations:

____

____

10. Implications for program improvement:

____

____

IV. PROGRAM COSTS

DESCRIPTION - This area covers program costs. Effective programs are cost-efficient but receive adequate financing to maintain good capability.

Evaluation Questions:

1. To what extent is reliable and accurate cost information available in sufficient detail for effective program management?

1. Very great extent	3. Moderate extent
2. Great extent	4. Limited extent

** ____2. How does this program's cost per curriculum FTE compare with the state average cost for this program?

1. Well below
2. At or only slightly below
3. Slightly above
4. Slightly above

** Transfer this rating to summary sheet, Item IV, Program Costs.

3. To what extent does this program appear to receive adequate funding?

   1. Very great extent
   2. Great extent
   3. Moderate extent
   4. Limited extent

4. How do program costs per curriculum FTE for this program compare to costs of other programs at this institution?

   1. Very high
   2. High
   3. Average
   4. Below average

5. How are program costs changing?

   1. Increasing rapidly
   2. Increasing slowly
   3. Remaining stable
   4. Declining

6. Comments and/or commendations:

7. Implications for program improvement:

V. FUTURE TRENDS AND MARKET VIABILITY

DESCRIPTION - This area covers trends in enrollment and employment. A highly viable program is positioned to meet a future of increasing enrollments and employment demand for completers.

Evaluation Questions:

1. What enrollment trend is in evidence for this program based on past and current enrollment rates?

   1. Rapid increase
   2. Moderate increase
   3. No change
   4. Moderate decrease
   5. Rapid decrease

2. What employment demand trend is in evidence for individuals completing this program over the next several years?

   1. Strong increase
   2. Slight increase
   3. No change
   4. Slight decrease
   5. Strong decrease

3. To what extent has this program been marketed and promoted?

   1. Very great extent
   2. Great extent
   4. Moderate extent
   5. Limited extent

**____4. Overall, what enrollment trend should be projected for this program?

   1. Strong increase
   2. Slight increase
   3. No change
   4. Slight decrease
   5. Strong decrease

** Transfer this rating to summary sheet, Item V, Future Trends and Market Viability.

5. Comments and/or commendations:

6. Implications for program improvement:

VI. PROGRAM GOALS

DESCRIPTION - This area covers the appropriateness and accomplishment of current annual goals and objectives. A highly effective program chooses and achieves goals that are manageable and pertinent to both program and institutional needs.

Evaluation Questions:

1. To what extent are the current year goals and objectives appropriate?

   1. Very great extent - all goals were needed and no additional goals were warranted.
   2. Great extent - most goals were needed; one or two additional were warranted.
   3. Moderate extent - many of the goals were needed but a similar number were not.
   4. Limited extent - most goals were not on target.

**____2. To what extent have the current year goals and objectives been accomplished?

1. Very great extent - all were accomplished.
2. Great extent - a substantial number were accomplished.
3. Moderate extent - some were accomplished and progress was made on others.
4. Limited extent - none were accomplished and little progress was made on any.

** Transfer this rating to summary sheet, Item VI, Program Goals.

6. Comments and/or commendations:

____

____

7. Implications for program improvement:

____

____

WESTERN PIEDMONT CC

Western Piedmont Community College
Overview
Of
Model For Program Review

Background

Since 1981, Western Piedmont Community College has developed a comprehensive process for the biennial review of all curriculum and continuing education programs. The procedures and criteria are designed for an on-campus study that can be completed in four months or less. While base data must be compiled by one person, the Program Review Committee works with faculty and administrative staff to determine those programs to expand, reduce, modify, terminate, or place on probation.

Introduction

The mission of Western Piedmont Community College is to provide adults in our service area with quality, economical, and convenient learning opportunities consistent with identified student and community needs. In order to meet these goals, Western Piedmont has developed a biennial process to evaluate all curriculum and continuing education programs and to identify those to be expanded, reduced, terminated, or implemented.

An additional purpose of the program review process is to prioritize new short-term and long-range planning objectives that meet the changing needs of Western Piedmont's service area. Incorporated into the College's planning system and reviewed quarterly by the campus Planning Committee, these tasks provide for improved utilization of limited resources and for quality services to our students.

In view of the Southern Association's emphasis on the assessment of "institutional effectiveness", this program review process becomes an important component in Western Piedmont's efforts to "promote the achievement of appropriate goals, to provide feedback for program improvement, and to assure appropriate student achievement...."

Goals and Objectives

The goals of this activity are to maintain quality educational programs and services consistent with identified student and community needs. The primary objectives are:

> To improve teaching and learning;

> To assist management in the allocation of resources;

> To identify the priority educational and training needs of this service area;

> To evaluate current curriculum and continuing education programs and identify those areas to expand, reduce, terminate, and implement;

> To maintain a comprehensive and balanced offering of extension, transfer, technical, and vocational programs;

> To maintain appropriate support services; and

> To develop both short-term and long-range objectives.

Organization

The Program Review Committee, chaired by the Dean of Planning and Research, includes the Director for Personnel Services, Controller, College Association President, Director of Admissions, and two others appointed by the President. The basic tasks of the Committee are to collect and analyze criteria data, interview supervisors, and study program trends. A timetable is developed and distributed to the major administrative offices on campus. Files are prepared for each of the programs under study and reviewed by the appropriate supervisor, faculty, and/or staff. In addition, the Committee may survey students, community groups, and external agencies to acquire the most current and accurate information possible. The summary report, with recommendations, is submitted to the President.

As a college-wide effort, the program review process requires a cooperative working relationship among committee members, administrators, faculty, and staff. Conducted within the constraints of N. C. General Statutes 115D, the Department of Community Colleges "Administrative Code", WPCC Policy Manual, Southern Association Criteria, and other special regulations, participants must be aware of the impact that specific changes can have upon College operations. For these reasons, this study should always be conducted in a serious and conscientious manner with the welfare of Western Piedmont Community College, and the students we serve, foremost in our minds.

Evaluation Procedures

Final program priorities and recommendations are developed by the President and Trustees. It is, therefore, important to remember that the Program Review Committee's work is investigative and tentative and should not encourage speculation about outcomes.

While recognizing that it is impractical, and perhaps impossible, to create an evaluation system based entirely upon objective standards, this review process uses a common set of criteria that permits meaningful comparisons between a variety of curriculum and extension programs. Such an approach places great importance upon frank and open discussion by the participants and the exchange of experiences at each step of the study. Conducted in an atmosphere of mutual interest, consensus should be reached and decisions made that satisfy the stated goals and objectives of the program review policy.

Based upon the evidence available, the most important question to ask is, "Which course of action will best serve the present and future needs of our students and service area?" In this context, curriculum programs are judged primarily in terms of their ability to satisfy the needs of students, employers, and/or senior colleges within our service area. Related support services are judged primarily in terms of their fulfillment of the College's legal and management obligations for efficient operations. Ultimately, all College programs and services are judged by their appropriateness in meeting the Mission of Western Piedmont Community College.

The Criteria

The following criteria are used to prepare the Program File. Data and information collected by the Office of Planning and Research is reviewed by committee members and program supervisors. Additional materials may be submitted by division supervisors and program coordinators. Where "cost factors" are calculated, a standard formula is applied. During committee deliberations, a "high" or "low" mark on a single criterion will not necessarily have a significant impact on the final recommendations. The greatest significance occurs when the summary data and recommendations about a program or service are viewed within the context of college-wide needs. Therefore, it is possible for a specific program or service to be modified due to a greater need for resources in another area.

I. Description of the Program: Includes the official title, program code, admission requirements, graduation requirements, the award, and a copy of the currently approved DCC Curriculum Standard. Documentation of current instructors Course Syllabi/ Guides on file. (Reference pages of College Catalog.).

II. Justification: Indicates how this program serves the Mission of WPCC. In addition, supervisors provide any special requirements of professional and governmental accrediting agencies and information on how the program serves local education/training needs. Impact on other college programs and services is considered. List of fall enrollments and number of graduates for the past five years. Full-time and part-time enrollment (and Full-Time Equivalency) trends are studied along with attrition rates.

III. Faculty and Staff: List of full-time and part-time faculty and staff assigned. A "cost value" is calculated. Faculty/staff functions in more than one program may be prorated (see attached). Supervisor completes the "Affirmative Action Plan Update" form.

IV. Resources: List of square feet of space allocated for offices, classrooms, storage, laboratories, etc. A "space value" is calculated. (See official Facilities Report.) List of allocated equipment, supplies, and materials. An "equipment/supplies value" is calculated. (See divisional Equipment Inventory Reports and supplies/materials budgets.)

V. Trends: Research local, state and national enrollment/employment trends. Supervisors state short-term and long-range plans for program. Reports from program advisory committees and appropriate local surveys are used as needed.

VI. Follow-up: Information, data, and reports are distributed to appropriate supervisors to provide additional feedback to the College Planning System. Final administrative actions are forwarded to the Long-Range Planning Committee as objectives (tasks) to be monitored until completed.

Program Review Cost Data

The study of campus programs and services outlined in "Program Review Procedures and Criteria" requires a calculation of cost values for staffing, equipment, and facilities. Collectively, this data provides a comparative overview of institutional resources allocated, a snapshot of a programs economic viability, and a basis for future allocations. Stated below are the methods used to calculate institutional "costs" for these programs.

Faculty/Staff

Faculty/staff costs are expressed as the total salary and benefit dollars expended for all full-time an part-time personnel in support of a specific program. This figure is derived from the Departmental Budget Report "Cost Center" data maintained on the PRIME system for the Department of Community Colleges. All expenditures are charged to a program based upon the student program code class enrollments. When necessary, business office personnel and program coordinators clarify more specifically student enrollments and staffing patterns.

Materials Value

The value of equipment allocated to a program is expressed as the total dollar value listed in the current Department of Community Colleges "Equipment Inventory Reports" by program code. This figure is taken from the Original Acquisition Cost column. In addition, comments may be made about recent fiscal year expenditures for equipment and supplies from the Departmental Budget Reports cost center data.

Space Value

The space allocation value is expressed as the total square feet allocated for a program/service area and the current year average replacement cost for WPCC's facilities. This figure ($94.00 for 1988) is derived from data listed in the most recent "Facilities Inventory and Utilization Reports" from the N.C. Commission on Higher Education Facilities.

$$\text{WPCC Average Replacement Cost per SF} = \frac{\text{Replacement Cost All Bldgs.}}{\text{Total Campus Assignable SF}}$$

Summary Note

Data expressed in the above manner serves to provide an estimate of Western Piedmont's major dollar investment in support of a specific activity. Other variables such as enrollments, number of graduates, and employment trends are considered in an attempt to determine if this "cost" is excessive, appropriate, or not enough in meeting the stated program objectives and the Mission of Western Piedmont Community College. Open deliberations and the exchange of alternative ideas between Committee members and division faculty is also a necessary ingredient.

Contact Person

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Additional Information Following

1. Appleworks Data File (1988)
2. Program Review and Evaluation Committee
3. College Transfer - Associate In Science
4. Associate Degree Nursing
5. High School Diploma Equivalency
6. Summary Data All Programs (1988)

WPCC PROGRAM REVIEW AND EVALUATION

Appleworks Data File (1988)

CURRICULUM Program Information

1. Code: [DCC number]
2. Title: [36 degree and diploma programs]
3. Award: [AA/AS college transfer, AGE, 2 AFA, 23 AASc, 8 vocational diploma]
4. Catalog: [reference pages]
5. Options: [13 AASc and 3 vocational certificates]
6. Justification: [College mission/goals and division/employment/other needs]
7. DCC: [Standard's approval/revision date]
8. SACS: ["must" and "should" Criteria]
9. Other: [external approvals/accrediations; student certifications with pass rate; advisory committee; unique internal and external factors]

FALL Enrollments

	1983	1984	1985	1986	1987
10. Enroll:	-	-	-	-	-
11. % Change:	-	-	-	-	-
12. Graduates:	-	-	-	-	-

14. Comments: [enrollment trends, employment rates, transfer rates, unique factors, etc.]

Resources Allocated

15. Faculty/Staff: [$ all salaries allocated]
16. Space Value: [$ per square feet allocated]
17. Materials Value: [$ equipment & supplies allocated]
18. Total Value: [$$ total of above]
19. Comments: [shared staff, space, materials, etc; identifiable needs to improve teaching/learning]

Projections

20. Trends: [U.S. Occupational Outlook, N.C. Employment Commission, Unifour Region data, Burke ESC]
21. Follow-Up: [recommendations/suggestions: LRP objectives; budget considerations; distribution on campus]

CONTINUING EDUCATION Program Information

1. Title: [8 total with ABE, High School, GED, extension: academic, advocational, occupational, practical: HRD; other new industry, compensatory, East Burke, community services, and Senior Center]
2. Award(s): [GED, diploma, CEU's, certificates]
3. Catalog: [reference pages]
4. Justification: [College mission/goals and division/employment/other needs]
5. DCC: [special requirements?]
6. SACS: ["must" and "should" Criteria]
7. Other: [external approvals/accrediations; student certifications with pass rate; off-campus groups; unique internal and external factors]

ANNUAL Enrollments

	1983	1984	1985	1986	1987
8. Program:	-	-	-	-	-
9. % Change:	-	-	-	-	-
10. Completions:	-	-	-	-	-

11. Comments: [enrollment trends, employment rates, continuation rates, unique factors, etc.]

Resources Allocated

12. Faculty/Staff: [$ all salaries allocated]
13. Space Value: [$ square feet allocated]
14. Materials Value: [$ equipment & supplies]
15. Total Value: [$$ total of above]
16. Comments: [shared staff, space, materials, etc.; identifiable needs to improve teaching/learning]

Projections

17. Trends: [national, state, regional, local]
18. Follow-up: [recommendations/suggestions; LRP objectives; budget considerations; distribution on campus]

OPR 4/88

CONTINUING EDUCATION PROGRAM INFORMATION FORM
Program Review and Evaluation Committee

Person Reporting: ______________________ Date: __________

1. Program Title: ______________________________

2. Program Award(s): ______________________________

3. Reference current College Catalog pages: __________

4. Program Justification [type on back of this page] as related to College's Mission/Goals (Catalog page 10) and related to the Division/Academic/Employment/Other Needs.

5. DCC or State Agency Special Requirements? ☐ yes ☐ no

   If yes, explain: ______________________________

6. SACS Criteria [type on back of this page] "must" requirements for non-credit extension offerings Section IV.

7. External Agency Approvals/Accrediations? ☐ yes ☐ no

   If yes, who (and next date): ______________________

8. Student Certification Examination? ☐ yes ☐ no

   If yes, examination name: ______________________

   Student percentage pass rate for past year:__________%

9. Off-campus groups which provide program suggestions? ☐ yes ☐ no

   If yes, type several examples on back of this page.

10. With the exception of campuswide evaluations, do you conduct other evaluations/assessments of students, graduates, instruction, etc. on a regular basis? ☐ yes ☐ no

    If yes, explain on the back of this page.

11. Identifiable needs for the coming year in staffing, equipment, supplies, students, facilities, etc. that would strengthen the teaching/learning process in this program. [type on back page]

12. Internal and/or external factors which have had either a positive or a negative impact on this program during the year. [type on back page]

*** PLEASE DO NOT ADD ATTACHMENTS ***

OPR 4/88

CURRICULUM PROGRAM INFORMATION FORM
Program Review and Evaluation Committee

Person Reporting: ______________________________ Date: __________

1. Program Code: _______ Title: ______________________________

2. Program Award: ______________________________

   Reference current College Catalog pages: ____________

3. Certificate Options: ☐ yes ☐ no

   If yes, name: ______________________________

4. Program Justification [type on back of this page] as related to College's Mission/Goals (Catalog page 10) or related to the Division/Academic/Employment/Other Needs.

5. DCC Standards Current Approval/Revision Date: ______________

6. SACS Criteria [type on back of this page] response to all "must" requirements for Section IV.

7. External Agency Approvals/Accreditations? ☐ yes ☐ no

   If yes, who (and next date): ______________________________

   ____

8. Student Certification Examination? ☐ yes ☐ no

   If yes, examination name: ______________________________

   Student percentage pass rate past year. _________%

9. Program Advisory Committee active? ☐ yes ☐ no

10. With the exception of collegewide evaluations, do you conduct other program evaluations/assessments of students, graduates, instruction, etc. on a regular basis? ☐ yes ☐ no

    If yes, explain on the back of this page.

11. Identifiable needs [type on back of this page] for the coming year in staffing, equipment, supplies, students, facilities, etc. that would strengthen the teaching/learning process in this program.

12. Other internal and/or external factors which have had either a positive or a negative impact on this program during the year. [type on back page]

*** PLEASE DO NOT ADD ATTACHMENTS TO THIS FORM ***

OPR 4/88

Report: Information

EXAMPLE

AS College Transfer - Associate In Science
Associate In Science (AS) degree

JUSTIFICATION: College-level studies in mathematics/engineering/
: sciences for students desiring to continue at a senior college or
: university. Supports all occupational programs. DCC/WPCC mission.
OPTIONS: Twelve (12) pre-professional programs CATALOG: page 63

DCC STANDARDS: NCGS 115-D
SACS Criteria: Meets Section IV requirements, except speech.
: All students have opportunity for computer elective.

Other: Essential for balanced and comprehensive offerings in
: sciences for both transfer and occupational students. Need
: full-time math position and computers.

FALL ENROLL:	1983	1984	1985	1986	1987
:	91	49	94	100	84
% Change:	-12	-46	+48	+6	-16
:					
GRADS:	13	17	05	14	09
: :					

5-YEAR MEANS:
enrollments: 84
graduates: 12

Comments: Enroll decrease 16% and grads 35% last year. Includes
: twelve pre-professional programs: C001, C005, C007, C008, C012,
: C013, C016, C018, C039, and C040.

Faculty/Staff: $229,756 CC01,03,05 Materials Value: $154,100
Space Value: $648,600 est. classrooms, labs, officies
: Patton, E-Bld.
TOTAL VALUE: $1,032,456

Comments: Shared with College Transfer and Occupational programs.
: Faculty/Staff includes 30% of Cost Centers 01 College Transfer,
: 03 T-Special, and 05 V-Special based upon AA and AS enrollments.
: FY expenditure supplies $2,400 and equipment $17,500.

TRENDS: 1990's national trend toward acceptance of associate
: degree for entry level positions; state and region depends
: upon major field of study. Strongest areas computer science,
: dentistry, engineering, physics, medical and nursing.

Follow-up:
:

EXAMPLE

```
File:   Program Info
Report: Information

T059              Associate Degree Nursing
                  AASc degree

JUSTIFICATION: Provides technical education and training at ADN
 : nusing level to meet identified occupational needs in the region.
 : Demand exceeds supply.
OPTIONS: none                                   CATALOG: pp. 115-119

DCC STANDARDS: approved June 1986
SACS Criteria: Meets Section IV requirements.
 : Computer laboratory to be installed fall 1988.

Other: Approved NC Board of Nursing (1987).  Accredited National
 : League for Nursing (1981).  Student certification examination.
 : Internal evaluation of instruction.


FALL ENROLL: 1983   1984   1985   1986   1987        5-YEAR MEANS:
 :            157    123    112     92     81        enrollments: 113
% Change:     +24    -22     -9    -18    -10        graduates: 36
 :

GRADS:         45     43     26     39     26
 : :

Comments: Enroll decline 48% and grads decline 42%.
 : 100% grads pass rate past three years on State Boards Exam.
 : Limited enroll 60 freshmen since 1985.



Faculty/Staff: $341,907  CC18        Materials Value: $13,300  NUR 124
Space Value: $260,000  labs (837), class (1117), officies (807)
 :
TOTAL VALUE: $615,207

Comments: FY expenditure supplies $2,500.
 :
 :
 :


TRENDS: 1990's nation high growth; state and region moderate.
 : Increased competition for females to enter other fields.
 :
 :

Follow-up:
 :
```

EXAMPLE

```
File:   Program Info
Report: Information

W6                High School Diploma Equivalency
                  GED

JUSTIFICATION: Meets DCC/WPCC mission and goals to provide area
 : adults an opportunity to complete a high school education.
 : Supports state priority on literacy education.
OPTIONS: none                                   CATALOG: pp.154-55

DCC STANDARDS: NCAC 2E.0100 and 2E.0303(b)
SACS Criteria: Meets requirements for non-credit program.
 :

Other: Monitored by state GED staff.  Annual contract as test
 : site.  Approved NCCCAEA and NCCCLRA.  Annual student evaluation of
 : instruction.  Learning Center needs space and secretarial assistance.


FALL ENROLL: 1982-83   83-84   84-85   85-86   86-87     5-YEAR MEANS:
 :               630     584     743     810     707     enrollments: 695
% Change:         --      -7     +21      +8     -12     graduates: 278
 : Budget FTE     26      19      24      20      15

GRADS: GED       241     234     309     316     290
 : :

Comments: Enroll decline 12% and grads decline 8% last year.
 : FTE decline 42% in five years.
 :



Faculty/Staff: $61,739  CC44          Materials Value: Nominal.
Space Value: $115,200   Learning Center (1120), officies (105)
 :
TOTAL VALUE: $176,939

Comments: Supports curriculum instruction.  FY expenditure for
 : supplies $1,500.
 :
 :


TRENDS: Growth potential good due to national and state
 : emphasis on literacy education and high school diplomas.
 :
 :

Follow-up:
 :
```

SUMMARY DATA ALL PROGRAMS 1988

		5-Years		$$	$$	$$	Total	
Code	.Title	. Enrol Mean	. Grad Mean	. Staff Value	. Space Value	. Mater'l Value	. $$ Value	Region .Trend
AA	A.A.	230	24	535,098	460,000	47,200	1,043,298	Mod
AS	A.S.	. 84	12	229,756	648,600	154,100	1,032,456	Mod
C041	Drama	na	na	see AA	13,500	6,100	19,600	Low
C042	Art	na	na	see AA	231,600	12,300	243,900	Low
G020	GenEd	14	5	nominal	nominal	nominal	see AA,AS	Mod
T009	Horti.	17	na	24,670	138,600	10,500	173,770	Low
T016	Account.	56	9	47,750	97,200	4,800	149,750	Mod
T018	B.Admin.	117	14	47,750	152,000	nominal	199,750	Mod
T022	B.Compute	62	na	63,385	183,300	200,700	447,385	Mod
T030	Ex.Sec.	22	4	nominal	nominal	nominal	see T165	Mod
T031	LegalSec	14	3	nominal	nominal	nominal	see T165	Low
T032	Med.Sec.	9	1	nominal	nominal	nominal	see T165	Low
T040	CompTech	na	na	87,198	217,100	167,900	472,198	Mod
T043	Drafting	21	na	28,415	103,400	55,200	187,015	Mod
T047	Ind.Engi.	23	4	31,082	95,100	nominal	126,182	Low
T049	Ind.Mang	23	na	19,248	nominal	nominal	see T018	Low
T050	Manu.Engi	na	na	nominal	nominal	nominal	see T047	Low
T058	Md.Assist	24	9	45,703	61,000	6,000	112,703	Low
T059	Nursing	113	36	341,907	260,000	13,300	615,207	Mod
T077	Interior	na	na	44,702	nominal	nominal	see C042	unkn
T110	Med.Lab	32	12	46,600	112,800	37,600	196,999	Low
T112	Banking	18	2	47,750	nominal	nominal	see T018	Low
T120	Paralegal	na	na	21,560	nominal	nominal	see T018	Mod
T127	RealEstat	na	na	6,700	nominal	nominal	see T018	Low
T129	CJC	96	18	103,839	111,100	17,000	231,939	Mod
T140	Drug Tech		NEW					
T165	GenOffice	21	4	62,400	129,300	49,800	241,500	Mod
T170	Manu.Plan	27	na	nominal	nominal	nominal	see T018	unkn
T189	BLET	na	na	27,399	nominal	nominal	see T129	Mod
V003	Auto	10	3	37,694	309,700	46,100	393,494	Mod
V009	Cosmetol	29	na	nominal	none	none	30,000	Low
V011	Dental	17	12	45,039	111,100	43,200	199,339	Mod
V012	CompOper	28	na	46,437	nominal	nominal	see T022	Mod
V028	Ind.Main	23	1	12,807	101,000	11,000	124,807	Low
V029	Construct	69	na	52,148	101,000	40,700	193,848	Low
V032	Machinist	48	6	65,908	458,200	145,400	669,508	Mod
V087	Water	60	na	15,252	nominal	nominal	see A.S.	unkn
V111	Geriatric	NEW						
W1	HRD	76	55	23,206	none	nominal	see info	Mod
W2	Occ.Ext.	2473	na	180,153	nominal	see CED	180,153	Mod
W3	Aca.Ext.	700	na	17,405	nominal	nominal	17,405	Mod
W4	Prac.Ext.	647	na	16,982	nominal	see CED	16,982	Low
W5	Avo.Ext.	1063	na	90,865	nominal	see CED	90,865	Mod
W6	GED	695	278	61,739	115,200	nominal	176,939	Mod
W7	ABE 1-8	1295	na	125,215	nominal	nominal	125,215	Mod
W8	HighSch	97	24	nominal	nominal	nominal	see W7	Mod
W9	CompEd	na	na	208,990	nominal	see CED	208,215	Mod

TIPS

TIPS

The following tips were compiled from the recommendations of the five Program Review Consortium institutions based upon their experiences.

General

1. Involve a representative cross section of faculty and staff in design of review process to ensure that resources, existing data, scheduling information, potential problems, etc. have not been overlooked.

2. "Sell" the process to the faculty before beginning; emphasize positive approach.

3. Make sure that all faculty and staff are aware of the support of senior management of the program review process.

4. Specify roles, resources and expectations for each review.

5. Prepare a budget for process.

6. Prepare a calendar/timetable for each review process and stick to it. Coordinate the timetable with existing reporting calendar such as end-of-quarter reports.

7. Prepare a checklist for whole process and each major step in process to prevent overlooking important "small" items.

8. Expect paperwork to take longer than your anticipated.

9. Coordinate program review with the institutional planning process.

Data Collection

1. Duplicate surveys front and back.

2. Use colored paper to code surveys by program being reviewed, particularly if more than one program is being reviewed at a time.

3. Mail surveys first class and request return addresses.

4. Gather available data first to determine what additional information will be needed, e.g., enrollment data, demography on students, completion rates, etc.

5. Consider enclosing a token of appreciation in survey letters to encourage response.

6. Design method for tabulating survey results before you decide on a survey form and process. Consult computer specialists about automated systems for recording and analysis of data.
7. Design system for re-contacting nonrespondents.
8. Make sure data can be documented.

Report

1. Determine who will receive report, full document and summary.
2. Identify potentially sensitive information and decide how to deal with it.
3. Determine what final content of report will be before beginning program review.
4. Design a follow-up process with individuals responsible for specific steps in process.

APPENDICES

GLOSSARY*

Program Review

Assessment: Any process of gathering concrete evidence about the impact and functioning of undergraduate education. The term can apply to processes that provide information about individual students, about curricula or programs; about institutions or about entire systems of institutions. The term encompasses a range of procedures including testing, survey methods, performance measures or feedback to individual students, resulting in both quantitative and qualitative information.

Basic Skills: Those skills required for students to successfully engage in college level work, including reading, writing, and mathematics. Assessment of these skills generally occurs on entry into undergraduate education.

College Outcomes Assessment: Assessment of the result of undergraduate education. Can include cognitive, skill or attitudinal outcomes, post graduate behavior, such as job or graduate school placement or performance or more general impacts on a community, region or society.

Exit Examination: An assessment given at the end of a particular program of study. Can function as a "gate keeping" device or as a basis for awarding a degree, individual honors, or other distinctions.

General Intellectual Skills: Broad-based college level skills, such as critical thinking, problem solving, advanced communication skills, quantitative reasoning or creativity, that all students should acquire regardless of institution, major or program.

Program Completion: The number or proportion of students seeking a two year degree who are, in fact, awarded a degree. Generally expressed as the percentage of a group of students who entered an institution at the same time, and who are awarded degrees within a designated time period (e.g. three years for a two year degree).

Program Review: An evaluation of the overall effectiveness of an academic program (generally a degree program). Can include outcomes assessment, productivity and efficiency, resource requirements, need, clientele or community/society impact. Also referred to as program audit or program evaluation.

*Glossary Taken From:

Bayer, Carol M. and Peter Ewell. State Based Approaches to Assessment in Undergraduate Education: A Glossary and Selected References, (Denver Education Commission of the States, March, 1988).

Retention: The number or proportion of students who enter an institution at the same time, and who continue to enroll in that institution from term to term over a designated number of years.

Student Follow-up: Assessment of student activities, attitudes and experiences after leaving a post-secondary institution. Generally includes both successful degree completers and students who withdrew without completing a program.

Student Tracking: Use of information from institutional records to determine patterns of student retention and program completion, and to evaluate the success of remedial programs.

Value - Added: The assessed contribution of undergraduate education to the development of identified student abilities. Generally used to refer to pre and post testing of students on entry to and exit from a post secondary institution in order to determine change. Occasionally, "value added" models assess growth from entry to a convenient mid point in the curriculum (e.g. middle of program).

Measurement

Criterion-referenced Testing: Testing in which scores are reported relative to established external standards of performance and indicate how an individual stands with respect to each standard.

Forced-choice: An examination format that requires students to choose answers to each question or item from among a limited range of provided alternatives.

Free-response: An examination format that allows students to produce answers to posed questions or items in a short answer or essay format.

Indicator: Information that reflects a particular dimension of institutional, program or student performance, but may not directly measure such performance. Examples include: student demography, program diversity, adequacy of instructional and learning resources, contributions to economic development, and student satisfaction and placement. Because indicators constitute indirect evidence of performance, multiple indicators are generally used.

Norm-referenced Testing: Standardized testing in which scores are reported relative to a definite population and indicate the standing of an individual or group with respect to other members of that population.

Reliability: The extent to which repeated administrations of an assessment instrument to the same individuals yield comparable results. For "free response" testing can also refer to the consistency with which different raters or judges assess the same performance.

Validity: The extent to which the results produced by an assessment instrument actually reflect the underlying concepts or abilities that the instrument purports to measure.

REFERENCE LIST FOR PROGRAM EVALUATION

BOOKS

Anderson, S. B., & Ball, S. (1978). *The profession and practice of program evaluation.* San Francisco: Jossey-Bass.

Barak, R. J. (1987). Program planning, development, and evaluation. In M. W. Peterson & L. A. Mets (Eds.), *Key resources on higher education governance, management, and leadership* (pp. 218-237). San Francisco: Jossey-Bass.

Borich, G. D. (Ed.). (1974). *Evaluating educational programs and products.* Englewood Cliffs, NJ: Educational Technology Publications.

Bray, D., & Belcher, M. J. (Eds.). (1987). *Issues in student assessment.* *New Directions for Community Colleges.* *15* (3), San Francisco: Jossey-Bass.

Brinkerhoff, R. O., Brethower, D. M., Hluchyj, T., & Nowakowski, Jr. R. (1983). *Program evaluation.* (Design Manual and Sourcebook/ Casebook) Boston: Kluwer-Nijhoff.

Conrad, C. F., & Wilson, R. F. (1985). *Academic program reviews: Institutional approaches, expectations, and controversies.* Washington, DC: Association for the Study of Higher Education.

Dillman, D. A. (1978). *Mail and telephone surveys.* New York: John Wiley & Sons.

Dressel, P. L. (1975). *Handbook of academic evaluation.* San Francisco: Jossey-Bass.

Duncan, M. E., Watkins, B., Anderson, C., & Shirley, L. (1987). *Program evaluation: A comprehensive model for community colleges to improve instructional effectiveness.* Tri-County Technical College: ACCTion Consortium, Inc.

Ewell, P. T. (Ed.). (1985). *Assessing educational outcomes.* *New Directions for institutional research.* *47*. San Francisco: Jossey-Bass.

Feasley, C. E. (1980). *Program evaluation.* Washington, DC: American Association for Higher Education.

Fitz-Gibbon, C. T. & Morris, L. L. (1987). *How to analyze data.* Newbury Park, Ca.: Sage Publications.

Fitz-Gibbon, C. T. & Morris, L. L. (1987). *How to design a program evaluation.* Newbury Park, Ca.: Sage Publications.

Guba, E. L., & Lincoln, Y. S. (1981). *Effective evaluation.* San Francisco: Jossey-Bass.

Halpern, D. F. (Ed.). (1987). *Student outcomes assessment: What institutions stand to gain.* *New Directions for Higher Educat* *15* (3), San Francisco: Jossey-Bass.

Henerson, M. E., Morris, L. L., & Fitz-Gibbon, C. T. (1987). *How t measure attitudes.* Newbury Park, Ca.: Sage Publications.

Herman, J. L., Morris, L. L., & Fitz-Gibbon, C. T. (1987). *Evaluator's handbook.* Newbury Park, Ca.: Sage Publications.

King, J. A., Morris, L. L., & Fitz-Gibbon, C. T. (1987). *How to assess program evaluation.* Newbury Park, Ca.: Sage Publications.

Madaus, G. F., Scriven, M. S., & Stufflebeam, D. L. (1983). *Evaluation models.* Boston: Kluwer-Nijhoff.

Miller, R. I. (Ed.) (1988). *Evaluating major components of two-ye colleges.* Washington, D.C.: College & University Personnel Association.

Morris, L. L., Fitz-Gibbon, C. T., & Freeman, M. E. (1987). *How t communicate evaluation findings.* Newbury Park, Ca.: Sage Publications.

Morris, L. L., Fitz-Gibbon, C. T., & Lindheim, E. (1987). *How to measure performance and use tests.* Newbury Park, Ca.: Sage Publications.

Patton, M. Q. (1987). *How to use qualitative methods in evaluatio* Newbury Park, Ca.: Sage Publications.

Stecher, B. M., & Davis, W. A. (1987). *How to focus an evaluation.* Newbury Park, Ca.: Sage Publications.

Tuckman, B. (1979). *Evaluating instructional programs.* Needham Heights, Mo.: Allyn & Bacon.

Uhl, N. P. (Ed.) (1983), *Using research for strategic planning*. *N Directions for Institutional Research*. *37*, San Francisco: Jossey-Bass.

Warmbrod, C. P., & Persavich, J. J. (Eds.). (1981). *Postsecondary program evaluation.* Columbus, Ohio: The National Center for Research in Vocational Education, Ohio State University.

Wergin, J. F., & Braskamp, L. A. (Eds.). (1987). *Evaluating administrative services and programs.* *New Directions for Institutional Research.* *56*, San Francisco: Jossey-Bass.

Wilson, R. F. (1982). Designing academic program reviews. New Directions for Higher Education. 10 (1) San Francisco: Jossey-Bass.

Wright, F. W., & Garthwaite, E. M. Planning for institutional effectiveness. Delgado Community College.

PERIODICALS

Banta, T. (Ed.) Assessment Update. San Francisco, Ca.: Jossey-Bass, Inc.

Berk, R. A., & Freeman, H. E. (Eds.) Evaluation Review. Newbury Park, Ca.: Sage Publications.

Eichelberg, R. T. (Ed.) Evaluation Practice. Newbury Park, Ca.: Sage Publications.

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Appendix C

STATE BOARD OF COMMUNITY COLLEGES

POLICY ON CURRICULUM PROGRAM REVIEW

N. C. Administrative Code
2C.0604 - CURRICULUM PROGRAM REVIEW

Each college shall monitor the quality and viability of each of its curriculum programs. Each program shall be reviewed at least once every five (5) years with regard to the achievement of its stated purpose, quality of instruction, curriculum design, cost, student outcomes, and contribution to the overall mission of the college. Summary reports of these reviews shall be transmitted to the State President.

Appendix D

REPORTING PROCESS
TO
DEPARTMENT OF COMMUNITY COLLEGES

In accordance with the State Board policy on program review, each institution is asked to submit summary reports of its reviews according to the following process.

1. Summary reports are the program review reports as presented to the institution's board of trustees, i.e., submit to the department the same report that you submit to your board of trustees.

2. Send two copies to

   Vice President for Program Services
   North Carolina Department of Community Colleges
   200 West Jones Street
   Raleigh, North Carolina 27603-1337

These copies will be maintained in a central location in the department available for examination. They will be retained for five years or until a new review summary is submitted for that program if that is less than five years.

The department also suggests that each institution keep several copies of the reviews in their libraries. This would allow access to the reviews through the interlibrary loan process.

To make the reviews available through interlibrary loan, ask your institutional librarian to send a copy of the review report to Media Processing Services, Department of Community Colleges, for cataloging and processing. The bibliographic data on the report would then become a part of the North Carolina Information (NCIN) data base. A copy of the report could be obtained using the data base or through the Interlibrary Loan Services of the State Library.

CONTACTS FOR PROGRAM REVIEW

The following are individuals in the North Carolina Community College System who have experience in designing or implementing a program review process.

Program Review Consortium Members

1. Dr. Norman H. Petty
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Appendix F

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